



IV. PREVENTIVE HEALTH OUTREACH, SERVICE, AND EDUCATION PROGRAMS



The Department of Health and Hospitals, Office of Public Health provides Louisiana residents with a variety of Preventive Health Outreach Programs targeted to assure the health of its most vulnerable citizens: infants and children; adolescents; women; families; and persons suffering from infectious and chronic diseases, violence and injury, substance addictions, and mental impairment. The programs detailed in this chapter provide services to thousands of Louisiana residents and are essential to the health of the state as a whole.

Programs Targeting: Infants, Children, Adolescents, Women, and Families

A. MATERNAL AND CHILD HEALTH PROGRAM

The Maternal and Child Health (MCH) Program is dedicated to identifying health problems and developing solutions to improve the health of women of childbearing age, pregnant women, infants, children, and adolescents. This goal is accomplished through the provision of needed preventive health care services for the population in general as well as those who have limited access to preventive services due to financial or geographic barriers, or lack of service providers.

Through parish health units statewide, the Maternity Program offers pregnancy testing, prenatal care, prenatal and nutrition education and counseling to women who are unable to access such services elsewhere in their communities. The prenatal care is comprehensive, including regular physical assessments, laboratory tests, counseling and education on physical and behavioral issues, and home visiting when indicated. HIV education for all patients and HIV screening and counseling are provided for those who choose to participate.

In State Fiscal Year 2002, 4,322 pregnant women initiated or received comprehensive prenatal care, while 19,671 pregnant women received prenatal and nutrition counseling and education in conjunction with the Women, Infants, and Children (WIC) Program services. Over 10,800 women came to the health units for pregnancy tests only. The total number of maternity related visits was 89,337. The Maternity Program also provides prenatal care in areas of the state with access problems through contracts with Louisiana State University Health Sciences Center and Community Health Centers. Through these contracts, 1049 women received prenatal and postpartum care in 7959 visits. The MCH Program also supports the Partners for Healthy Babies Campaign, which is a public awareness and education media effort to promote healthy prenatal behaviors, early prenatal care, and a toll-free hotline for information and referral for health and related services.



Preventive health services to infants and children offered by the Child Health Program include periodic health screening through parish health units statewide. These services may involve a medical history and physical examination; immunizations; assessment of growth; assessment of developmental status; laboratory screening for Phenylketonuria (PKU), congenital hypothyroidism, sickle cell disease, anemia, urinary tract problems, and lead poisoning; screening for vision, hearing, or speech problems; and parental counseling and education. Nutritionist and social services are available in addition to medical and nursing services. In State Fiscal Year 2002, 82,501 infants, children, and adolescents were seen in a total of 171,063 visits. Over 8,700 children received 14,208 comprehensive screenings, and 28,393 children received 45,230 follow up services.

In addition to these direct services, the MCH Program works with Medicaid and the Louisiana Children's Health Insurance Program (LaCHIP) to improve access to health care services for pregnant women, infants, children, and adolescents by supplementing their outreach through a Robert Wood Johnson Covering Kids grant. The MCH Program is also working with communities to support initiatives to increase access to prenatal and perinatal services for women at risk for poor pregnancy outcomes in identified high-risk areas. Injury prevention coordinators have been hired to address unintentional injuries, which are the leading cause of death among children.

SUDDEN INFANT DEATH SYNDROME (SIDS)

The Department of Health and Hospitals, Office of Public Health, Sudden Infant Death Syndrome (SIDS) Counseling and Risk Reduction Program is designed to increase public awareness on the topic of SIDS and to provide education to reduce the risk of SIDS deaths. The SIDS Program developed a 30 second media message aimed at encouraging parents of infants to place healthy babies on their backs for sleeping. Educational materials on SIDS risk-reduction have been developed for distribution to populations at risk. These materials include two fact sheets that provide basic SIDS information and describe state specific statistics on SIDS risk factors and practices in Louisiana and an educational counseling card to provide risk reduction information for parents and grandparents. SIDS risk reduction educational training materials for Emergency Medical Service (EMS) also have been revised to incorporate training of first responders. Grief counseling is made available to all families who have experienced the death of an infant due to SIDS. The SIDS risk reduction community outreach and education initiative has continued, and has included the following:

- Multimedia public relations and community outreach events for SIDS Awareness Month;
- SIDS awareness sessions to community groups and organizations and professional educational in-service training to childcare providers, nurses, and other health professionals;
- Quarterly convening of the Orleans Parish SIDS Steering Committee, which is composed of a diverse group of public health and medical professionals, community organizations, faith-community leaders,



- and consumers (i.e., parents and grandparents), in an effort to identify appropriate channels for reaching at-risk populations and developing outreach strategies targeted to these populations; and
- Distribution of a SIDS informational kit for faith-based organizations to utilize in educating the community about the syndrome.

In addition to public and professional education and grief counseling, standard data were collected on each case with the hope of identifying preventable circumstances that are associated with unexpected deaths in infancy. The distribution of SIDS cases was assessed regarding their epidemiology, statistics, risk factors, ethnic/racial trends, and geographic trends. A program to improve the investigation of unexpected infant deaths through the training and certification of death scene investigators was begun in 1996. Over 275 investigators from coroner offices and law enforcement have been trained in conducting death scene investigations in cases of unexpected deaths in infants.

LOUISIANA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (LaPRAMS)

Overview

The Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS) is an ongoing, population-based surveillance system designed to identify and monitor selected maternal behaviors that occur before and during pregnancy and during a child's early infancy. It is a joint effort between the OFFICE OF PUBLIC HEALTH (OPH) and the CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). CDC, the OPH VITAL RECORDS REGISTRY, the STATE CENTER FOR HEALTH STATISTICS, and the TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE provide technical assistance to LaPRAMS. CDC, along with the OPH FAMILY PLANNING and MATERNAL AND CHILD HEALTH programs, provide funding for the project.

LaPRAMS data are collected from a representative random sample of new mothers by means of mail surveys and telephone interviews. Louisiana women who have had a recent live birth are randomly selected to participate in the system. Since data collection was initiated in 1997, 13,281 women have received the LaPRAMS questionnaire. In 2000, 2,324 women were selected to receive the questionnaire. The response rate for year 2000 was 71.9 percent. Since LaPRAMS is based on a representative sample, the data collected by this survey represent information that can be generalized to the whole state of Louisiana.

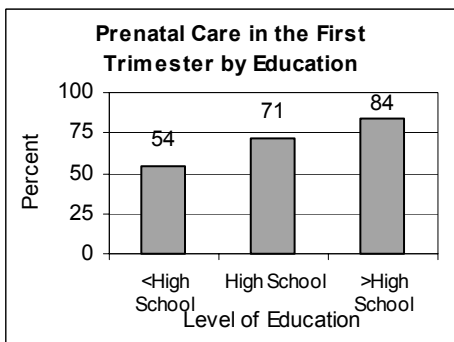
Information provided by LaPRAMS includes: medical and physical factors; socioeconomic status; prenatal maternal experiences and behaviors (e.g., cigarette smoking, alcohol use, and physical abuse); prenatal care counseling; use and barriers to prenatal care; content and quality of care; complications during pregnancy; birth control use before and after pregnancy; sources of prenatal care and payment of delivery; and postpartum maternal experiences and behaviors.



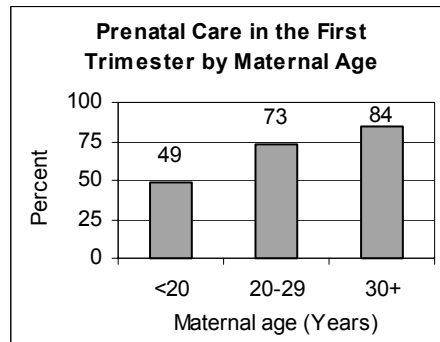
Results

The following are selected findings based on LaPRAMS 2000 data.

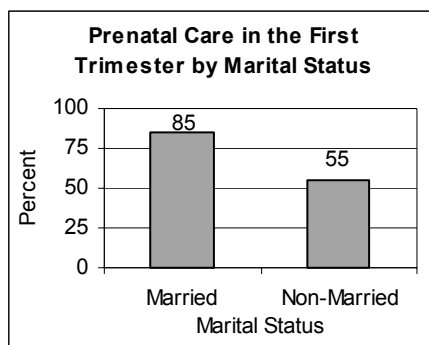
- **Early initiation of prenatal care:** Seventy-two percent of women reported initiation of prenatal care during the first trimester of their pregnancy. The *Healthy People 2010* target for initiation of prenatal care in the first trimester is 90 percent. Socio-demographic factors associated with initiation of prenatal care in the first trimester are shown below.



Source: DHH-OPH, LaPRAMS, 2000

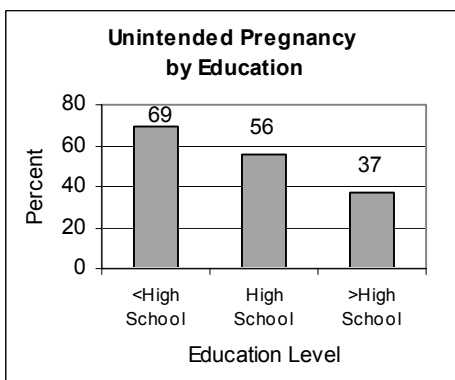


Source: DHH-OPH, LaPRAMS, 2000

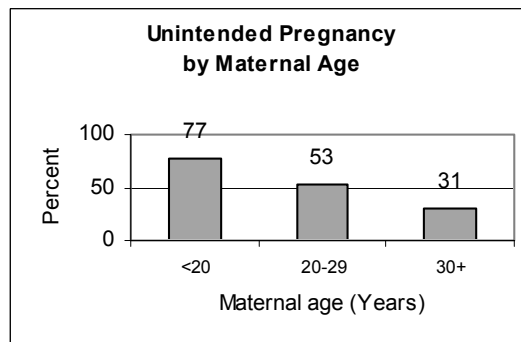


Source: DHH-OPH, LaPRAMS, 2000

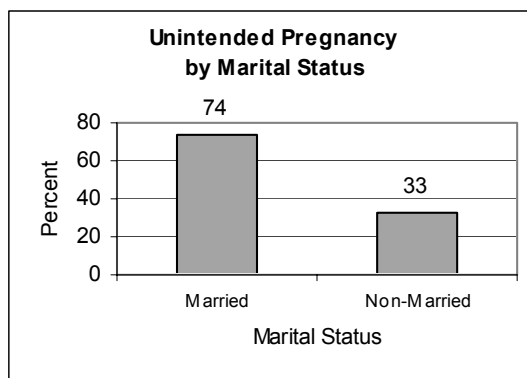
- **Unintended pregnancies:** Fifty-two percent of women reported that their pregnancies were unintended. Unintended refers to the timing of the pregnancy, i.e., whether the woman desired the pregnancy to be at some time in the future or not at all. The *Healthy People 2010* target for unintended pregnancies is 30 percent. Socio-demographic factors associated with unintended pregnancies are on the next page.
- **Birth control use:** Forty-five percent of women surveyed were using birth control when they became pregnant; the remaining 55 percent, then, were not using birth control when they became pregnant. Reasons for not using birth control include wanting to become pregnant, the side effects of the birth control methods, not anticipating sex, thinking that they were infertile, and simply not wanting to use birth control.



Source: DHH-OPH, LaPRAMS 2000

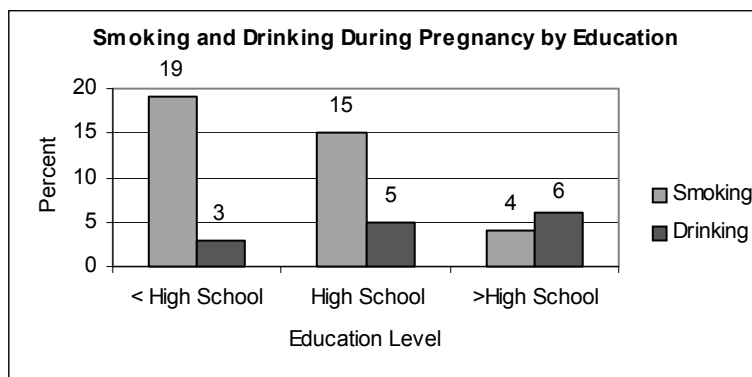


Source: DHH-OPH, LaPRAMS 2000

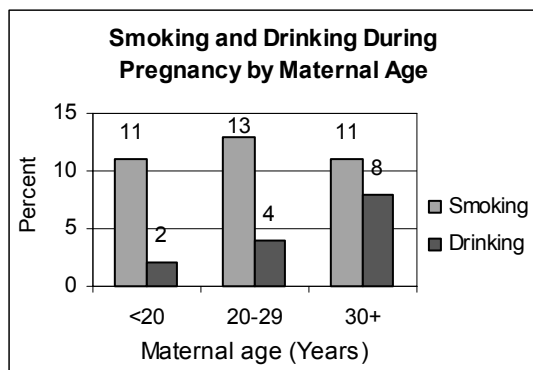


Source: DHH-OPH, LaPRAMS 2000

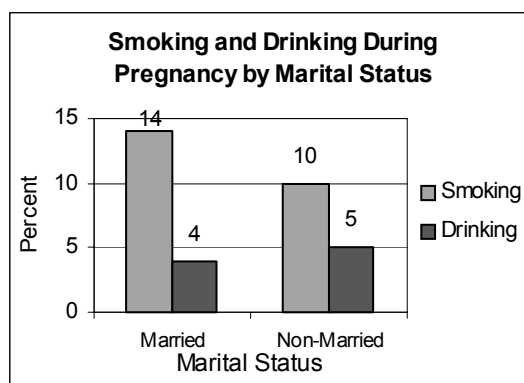
- **Cigarette smoking before, during, and after pregnancy:** In the three months prior to pregnancy, 21 percent of women reported that they had smoked. The percentage decreased during pregnancy to 12 percent but increased to 19 percent at 3-6 months after delivery, a level slightly lower than the pre-pregnancy rate. The *Healthy People 2010* target for women, in general, is 15 percent and is 1 percent for pregnant women.
- **Alcohol consumption before and during pregnancy:** Forty-four percent of women reported that they drank alcohol during the three months before pregnancy, and 5 percent reported that they drank alcohol during the last trimester of their pregnancy. The *Healthy People 2010* target for pregnant women is 6 percent.



Source: Department of Health and Hospitals, Office of Public Health, LaPRAMS 2000

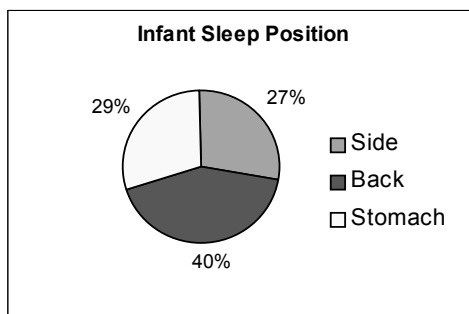


Source: DHH-OPH, LaPRAMS 2000



Source DHH-OPH. LaPRAMS. 2000

- **Infant sleep position:** Among women surveyed, 40 percent placed the baby on its back, 27 percent placed the baby on its side, and 29 percent placed the baby on its stomach. One percent of mothers surveyed reported placing their baby on its side and stomach, 1.6 percent placed their baby on its side and back, 0.8 percent placed their baby on its back and stomach, and 0.5 percent placed their baby in all three positions. Research shows that placing a baby on the back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS).



Source: DHH-OPH, LaPRAMS, 2000

- **WIC participation:** Fifty-four percent of women reported being on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) during their pregnancy.
- **Breastfeeding:** Forty-three percent of women breastfed their infants beyond one week. The *Healthy People 2010* target for breastfeeding during the early postpartum period is 75 percent. Socio-demographic factors, such as maternal age, maternal education, marital status and Medicaid status, were associated with breastfeeding beyond the first week. Mothers over 30 years of age, mothers with more than a high school education, and married mothers were most likely to breastfeed their infants beyond the first week. Among mothers less than 20 years of age, 26 percent breastfed their infants. Eighteen percent of mothers with less than a high school education breastfed beyond the first week. Twenty-six percent of unmarried mothers breastfed their infants.



Data from LaPRAMS will be used to supplement information from vital records and to generate information for planning and assessing perinatal health programs around the state. Findings from the data will also be used to develop programs designed to identify high-risk pregnancies. In addition, LaPRAMS data will enhance the understanding of maternal behaviors and the relationship between these behaviors and adverse pregnancy outcomes, such as low birth weight and infant mortality.

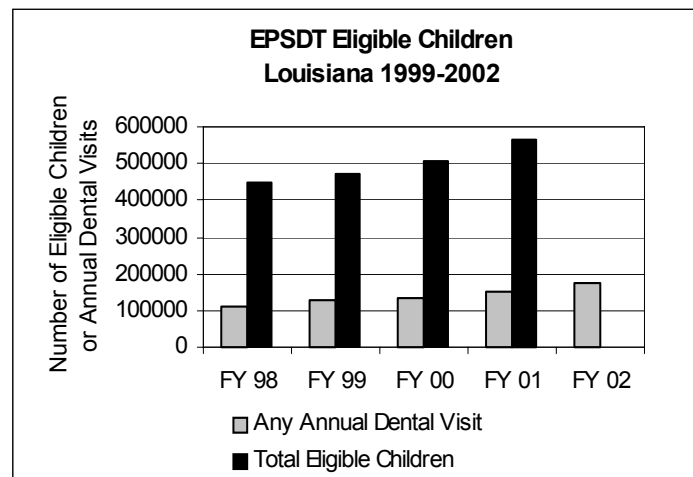
ORAL HEALTH ASSESSMENT

The Oral Health Program aims to improve the oral health status of the residents of the Louisiana through the development of a plan that addresses the oral health needs of all citizens. Poor oral health in children can have far-reaching consequences, including pain and suffering from infections, absence from school, malnutrition, and diminished sense of self-esteem. Dental decay is the most common disease affecting children. In addition, poor periodontal health has been linked to diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes. The Oral Health Program of the Office of Public Health, Maternal and Child Health Program, monitors the oral health status of Louisiana's children.

The Oral Health Program has several ongoing initiatives, including A Comprehensive Oral Health Needs Assessment among Louisiana's children. Data collected from the Oral Health Program and dental Medicaid claims are utilized in the needs assessment. Currently, the Oral Health Program is conducting a statewide school nurse- training program on oral screenings. Trained school nurses will collect oral health data on third grade children throughout the state in the first quarter of 2003. The Oral Health Program will analyze the oral health screening data collected by the school nurses.

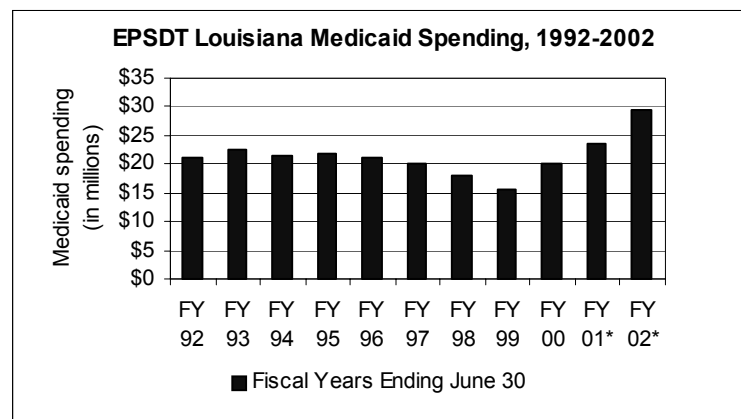
Previously collected data by school nurses for third graders statewide showed that 38 percent of the children had untreated dental caries. The prevalence of dental sealants among the children was 22 percent, which is well below the *Healthy People 2010* objective of 50 percent. Thirty seven percent of the screened children required referral to a dentist, strongly demonstrating the need for dental care in this population.

Medicaid claims data show that, as the enrolled total number of Medicaid/LACHIP eligible children in Louisiana has increased, more children are receiving at least one dental visit per year. Statistics show that the percentage of children receiving an annual dental visit has remained constant at approximately 26 percent from 1998 through 2002.



Source: Louisiana Medicaid Office

Medicaid spending on dental services for Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-eligible children has increased since 1999. In State Fiscal Year 2002, almost 30 million dollars were spent on dental services for Medicaid-eligible children.



Source: Louisiana Medicaid Office

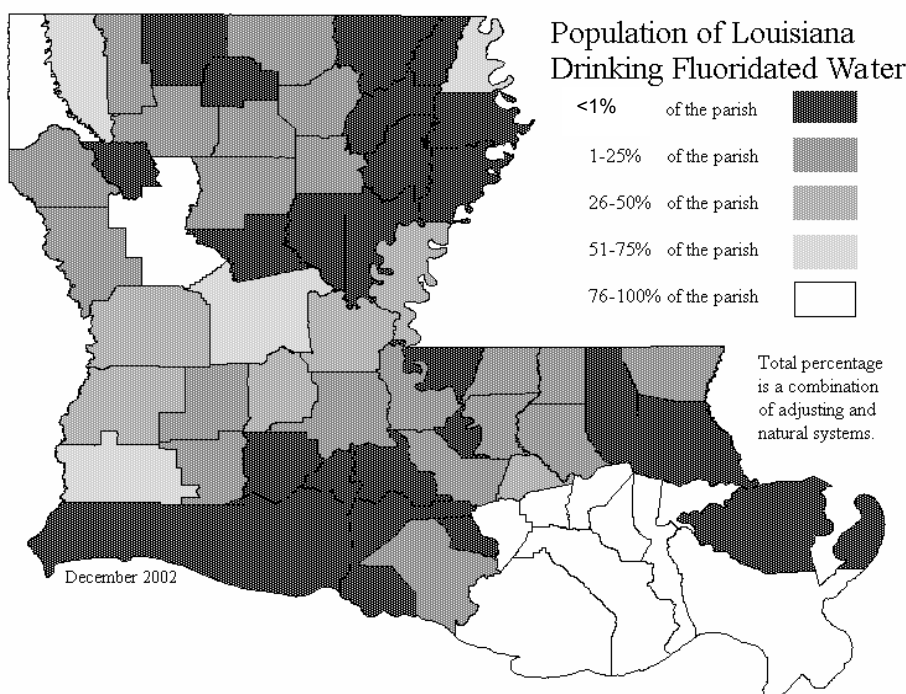
Behavior Risk Factor Surveillance System: 1999 Dental Data

- 60.6 percent of the population surveyed reported visiting a dentist
- 64.6 percent of Louisianans with income less than \$15,000 per year did not receive an annual dental examination
- 20.9 percent of Louisianans with income more than \$50,000 per year did not receive an annual dental examination



- Blacks were 1.4 times more likely not to receive a dental examination than whites
- 34.3 percent of the population aged 65 years and above have lost all their natural teeth
- The proportion of individuals not receiving a dental examination increases with advancing age

The Oral Health Program is committed to preventing dental disease through increased community water fluoridation efforts. Approximately 43.1 percent of Louisiana residents enjoy the benefits of community-fluoridated water. This is well below the *Healthy People 2010* objective of 75 percent of the population receiving optimally fluoridated water. Steps are being taken to improve monitoring of water systems and improve reporting. The Oral Health Program has targeted specific parishes for possible fluoridation and will provide technical support and assistance for implementation of fluoride programs, as requested by the parish.



A study of Louisiana Medicaid data by the CDC¹ showed that the average dental treatment costs for Medicaid eligible children living in non-fluoridated areas were twice as high as the average treatment costs for Medicaid-eligible children living in fluoridated areas. The study also showed that Medicaid-eligible children living in non-fluoridated areas were three times as likely as Medicaid-eligible children living in fluoridated areas to receive dental treatment in a hospital operating room.

1 Centers for Disease Control and Prevention. "Water Fluoridation and Costs of Medicaid Treatment for Dental Decay -- Louisiana, 1995-1996" *Morbidity and Mortality Weekly Report*. 48; 34 (Sept. 1999): 753.



The Oral Health Program, in collaboration with Agenda for Children and the Department of Social Services-Office of Family Support State Head Start Collaboration Project, has developed a "Children's Oral Health Policy Brief" which focuses on the barriers that prevent children from accessing dental care and makes recommendations to alleviate these barriers. On December 6, 2002, the Oral Health Program convened the first Oral Health Summit with 150 stakeholders from across the state. The summit addressed the oral health issues facing the state and provided a forum for the development of a state plan to improve access to oral health care for all the residents of Louisiana.

The Oral Health Program, in cooperation with the Louisiana State University Health Sciences Center (LSUHSC) School of Dentistry, is providing tobacco cessation training to LSU dental students. This training provides necessary information and practical experience with pharmacological agents used to alleviate tobacco cravings. These future dentists will then be able to counsel patients on the benefits of not smoking and the risks associated with tobacco usage, as well as offer the necessary tools to help these patients become tobacco free.

CHILD CARE HEALTH CONSULTANT PROGRAM

The American Academy of Pediatrics and the American Public Health Association recommend that each childcare facility should utilize the services of a health consultant to provide ongoing assistance in the area of health. Louisiana was one of the first states to institute such a program.

The MATERNAL AND CHILD HEALTH PROGRAM of the OFFICE OF PUBLIC HEALTH coordinates the activities of the Child Care Health Consultant Program. By combining professional health experience with knowledge and training in childcare, consultants work to support, assist, and solve problems with childcare providers in order to improve the safety and quality of childcare. Consultants serve as a source of education, guidance, and support to child care facilities; provide technical assistance; act as a health resource and referral point; and provide access to health care information. This program also has the advantage of bringing together a multi-disciplinary network of both public and private health professionals from a variety of settings to address local community needs.

There are 162 health professionals who have been trained and are approved by the DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH and the DEPARTMENT OF SOCIAL SERVICES, BUREAU OF LICENSING.



HOME VISITATION PROGRAMS

Paraprofessional Home Visitation Programs

The MATERNAL AND CHILD HEALTH PROGRAM (MCH) of the OFFICE OF PUBLIC HEALTH has undertaken home visitation programs to impact Louisiana's high rates of infant mortality, low birthweight, and child maltreatment. Currently, there are four Paraprofessional Home Visitation Programs: Project Hope (serving first-time mothers and their babies in Ouachita Parish), ETC ALPHA (serving high-risk pregnant and parenting teens and their babies in Calcasieu Parish), Healthy Kids (serving first time and teen parents and their babies in Iberia Parish), and First Time Parents (serving high-risk, low income parents and their babies in East Baton Rouge Parish).

The programs are based on the Hawaii Healthy Start and Healthy Families America program models and have been successful in securing community support. Louisiana's model seeks to prevent child abuse and neglect by focusing interventions on promoting child growth and development, modeling and fostering positive parenting skills and parent-child interactions, assuring provision of needed health care, and developing support systems for families.

By the end of State Fiscal Year 2002, Louisiana's Paraprofessional Home Visitation Programs had 295 active families with 4,109 completed home visits.

Nurse-Family Partnership: Helping First-Time Parents Succeed

During State Fiscal Year 2002, the MCH PROGRAM continued to provide the Nurse Home Visitation model in seven sites in Louisiana. Known originally as the Building Early Strengths Together (BEST) Program, it was renamed the Nurse-Family Partnership in 2001 to include Louisiana in the national community effort that focuses on helping mothers and their families.

Since 1999, service has been available in Region IV (Iberia, St. Martin, and Vermilion parishes) and Region VIII (Franklin, Jackson, Morehouse, and Richland parishes). Service was expanded to Region III (Terrebonne and Lafourche parishes) and Region V (Calcasieu, Beauregard, Jefferson Davis, and Allen parishes) in the spring of 2000. In an effort to further address infant mortality, the Nurse-Family Partnership (in partnership with local, state, and community organizations) expanded to Region II (East Baton Rouge parish), Region VI (Rapides parish), and Region VII (Caddo parish) in the spring of 2002. Additionally, the successful collaboration between the OFFICE OF PUBLIC HEALTH and the OFFICE OF MENTAL HEALTH continues to fund the mental health services component of the program.



The Nurse-Family Partnership is for first-time mothers of low socio-economic status. Home-visiting nurses follow a very strict program protocol that requires regular visits to the family from twenty-eight weeks of pregnancy until the infant is two years of age. This model was chosen by MCH because of its proven effectiveness as a preventive intervention. Clinical trials and longitudinal studies have shown that this model of prevention reduced by 79 percent the verified reports of child abuse and neglect, reduced by 31 percent the number of subsequent births, and increased by 83 percent the rates of labor force participation. By the end of June 2002, 598 families received services. The nurses have completed over 24,000 home visits since the inception of the program in 1999.

PUBLIC INFORMATION CAMPAIGN AND PROVIDER TRAINING FOR PARENTING EDUCATION & CHILD ABUSE PREVENTION

PREVENT CHILD ABUSE LOUISIANA (PCAL), in conjunction with the DHH OFFICE OF PUBLIC HEALTH (OPH), is in the fifth year of a statewide social marketing campaign designed to reach parents with educational messages about parenting and to encourage the use of a toll-free information, support, and referral services telephone number for families: PCAL's KIDLINE (1-800-CHILDREN; formerly known as the Helpline). Campaign themes have addressed positive communication and positive discipline, while stressing child abuse prevention for parents.

To emphasize these educational topics and to conduct training sessions, PCAL staff and a small group of trained volunteers, including representatives from the OFFICE OF COMMUNITY SERVICES, law enforcement, the media, and health care, offer presentations in their respective communities around the state. Speakers address parent groups, children, community organizations, and "other caregivers" (e.g., teachers and day care staff) in various settings.

In addition, the MCH Program within OPH has trained all public health nurses and public health social workers in Bright Futures. Bright Futures Guidelines for Health Supervision is designed to promote and improve the health and well-being of children, adolescents, families, and communities through the context of routine child health visits. These guidelines emphasize social, emotional, and behavioral development and family functioning in addition to the traditional physical health care, which is typically the focus of well child health care visits. Furthermore, MCH has trained nursing and social work staff in Infant Mental Health in eight regions of the state. This 30-hour training, completed in five separate sessions, is designed to improve the staff's knowledge and skills in the early recognition of factors and conditions which place the infant and caregiver at risk for immediate, as well as long-term, problems in social, emotional, and cognitive growth and development. Continuing education credit for nurses is provided.



The Infant Mental Health training has been completed in Regions II, III, IV, V, VII, VIII, and IX, as well as the New Orleans Department of Health. The goal is to train all nurses, social workers, and other staff involved in maternal and child health clinical programs around the state, as well as all nurses involved in the Nurse Family Partnership program. Region VI is scheduled for training in State Fiscal Year 2004, which will complete the statewide training. The training will continue to be offered on a semi-annual basis for new MCH staff, as well as for nurses and staff who work in the Nurse Family Partnership Program.

The MCH Program also provides training in Keys to Caregiving, a parenting education program developed at the University of Washington through the Nursing Child Assessment Satellite Training (NCAST) program. Keys to Caregiving originally was developed for hospital nurses to provide information to new parents about newborn behavior, communication, the infant's capacity for relationships from birth, and strengthening the parent-infant relationship, but its usefulness extends well beyond the newborn period. This material is extremely well received by staff who work directly with infants and their caregivers. Keys to Caregiving is part of the required Nurse Family Partnership staff training; it is also offered to MCH nurses in maternal and child clinical settings who have completed the Infant Mental Health training. In State Fiscal Years 2001 and 2002, support for the Keys to Caregiving training was provided in part by grants from the Children's Trust Fund. For State Fiscal Year 2004, two Keys to Caregiving trainings will be offered.

Finally, the MCH program is currently redeveloping its parenting newsletter. *Pierre the Pelican*, which has been distributed to new parents from the prenatal period through age five for the past two decades, has not been revised since 1988. There is a pressing need to bring this important method of parenting education up-to-date and to make it more user-friendly. The extensive revisions will include a new name, a new look, and an emphasis on social and emotional development and strengthening the parent-child relationship. The easier-to-read format will highlight practical information and suggestions parents can understand and use. Projected start date for distribution of the new parenting newsletter is July 2003.

PARTNERS FOR HEALTHY BABIES

For State Fiscal Year 2002, the statewide Partners for Healthy Babies Project continued its outreach through multi-media channels to encourage pregnant women to seek out early prenatal care and practice healthy behaviors during pregnancy. A new media message was developed in 2002 to encourage women to determine the appropriate amount of weight to gain during pregnancy and to attend to their nutrition. During the same Fiscal Year, the Partners for Healthy Babies toll-free helpline received approximately 4,100 calls and made referrals to medical and social services statewide.



B. IMMUNIZATION PROGRAM

The Shots for Tots Program was developed by the IMMUNIZATION PROGRAM of the OFFICE OF PUBLIC HEALTH to improve immunization levels among infants and toddlers. The program has four major methods, as detailed below, to improve immunization levels: (1) service and delivery; (2) parent/provider information and education; (3) assessment; and (4) coordination and oversight.

- Service and delivery are enhanced by increasing the number of locations where immunizations can be received, reducing the barriers for families, encouraging evening and weekend immunization clinics, and improving communication among providers.
- Information and education are provided to health care providers and to parents. Health care providers are kept informed of immunization updates and the correct use of vaccines. Parents are educated about the importance of having their children immunized on time.
- Assessment is used to provide feedback to providers regarding their immunization practices, both from the program's perspective and the client's perspective.
- Coordination and oversight establish a central point of responsibility to help improve all of the methods listed above.

Shots for Tots has improved access to immunizations, decreased cost to families, improved public awareness of the need for immunizations, and educated health care providers about proper immunization practices. The following chart illustrates the effectiveness of the Shots for Tots Program. Since its inception in 1992, the program has increased by 25 percent the immunization levels among two-year-old children receiving care at parish health units.

| <i>Immunization Levels Among Two-Year-Old Children Receiving Care at Parish Health Units Louisiana, 1992-2002</i> | |
|--|-----|
| 1992 | 55% |
| 1993 | 59% |
| 1994 | 64% |
| 1995 | 75% |
| 1996 | 79% |
| 1997 | 81% |
| 1998 | 82% |
| 1999 | 80% |
| 2000 | 83% |
| 2001 | 80% |
| 2002 | 78% |

Source: Louisiana Department of Health and Hospitals, Office of Public Health, Immunization Program



C. HEARING, SPEECH, AND VISION PROGRAM: INCLUDING SOUND START PROGRAM FOR THE EARLY IDENTIFICATION OF HEARING IMPAIRMENTS IN INFANTS

More than one in 25 preschoolers suffers from some type of communication disorder (e.g., speech, language, and/or hearing impairment). Four out of every 1,000 babies born have a significant hearing loss. Vision problems affect one in 20 preschoolers and one in four school-age children.

The goal of the HEARING, SPEECH AND VISION PROGRAM is to identify these problems in children as early as possible. A child's vision, hearing, and language development are the most important skills they will need to be able to learn and develop. Research shows that children who have hearing loss identified at birth and who are successfully enrolled in early intervention programs can reach appropriate developmental levels by the time they start school. Early intervention has profound lifelong benefits for infants and toddlers with hearing impairment and for their families, while containing costs of special education and other services provided by the state.

The year 2002 brought significant changes to the HEARING, SPEECH AND VISION PROGRAM. DHH-OPH is working diligently to consolidate services and collaborate with other public agencies as well as the private sector to avoid needless duplication of effort and services. Many services offered in the past by OPH staff will now be provided by community agencies. The DEPARTMENT OF EDUCATION as well as providers in the private sector will provide vision-screening services. The HEARING, SPEECH AND VISION PROGRAM is planning to make training available and to loan equipment to schools to continue vision screening.

Audiologists in the HEARING, SPEECH AND VISION PROGRAM will work to assure audiological services are available in all areas of the state through the private sector and other public agencies. DHH-OPH has worked closely with Medicaid and successfully raised the reimbursement rates for hearing aids, which is expected to positively influence and increase the provision of hearing aid services to children in the private sector by increasing the number of private providers who will accept Medicaid coverage for hearing aids, as well as for the required auditory testing. This change will enable children to more easily receive services from local providers closer to the community in which they live.

The Sound Start Program under the HEARING, SPEECH AND VISION PROGRAM made great strides during 2002. The program works through each community to assure that every birthing facility or hospital performs hearing screening tests for newborns. In July of 1999, the Legislature mandated Universal Newborn Hearing Screening, or the audiological screening of all infants prior to discharge from the hospital or birthing center. Since that time, the Sound Start Program has been working diligently to ensure that hospitals are ready, able, and willing to comply with the mandate for universal newborn hearing screening. The program is also working with communities to ensure that children with suspected hearing losses receive appropriate follow-up services and that children identified with hearing loss receive



appropriate early intervention services. The success of the program is easily shown by the fact that, while the average age of children being identified with hearing loss across the United States is 30 - 36 months, the average age for children identified through the Louisiana Sound Start Program has remained below three months of age since its inception in 1994.

In early 2000, the HEARING, SPEECH AND VISION PROGRAM was awarded a Maternal and Child Health federal grant to expand universal newborn hearing screening and intervention in Louisiana. In 2001, another federal grant from the Centers for Disease Control and Prevention was awarded. The funds were allotted to coordinate and strengthen the program. A Program Coordinator oversees implementation of the program statewide and a Systems Development Coordinator evaluates and enhances follow-up and early intervention issues. An epidemiologist oversees the data and tracking system and a tracking specialist assures that no child or family is without needed services. Community and private sector involvement through physicians, education personnel, civic and charity organizations, parents, hospital staff, the deaf community, and other professionals has been increased with this project, ensuring that the program is community-based and utilizes the strengths and assets of individual regions while maintaining statewide coordination.

D. CHILDREN'S SPECIAL HEALTH SERVICES

CHILDREN'S SPECIAL HEALTH SERVICES (CSHS) operates in nine clinics across the state and provides services for eligible children and families with serious disabilities that significantly limit major life activities. These children have complex medical conditions that may be rare, severe, or disabling and require pediatric subspecialty services on an on-going basis. Some of the products and services provided by CSHS are medications, durable medical equipment, home health care, physical therapy, hospital care, parent training, and case management to coordinate primary and specialty services.

CSHS provides services to children with special health care needs, many with complex, severe, medically disabling conditions such as congenital heart defects, cystic fibrosis, cleft lip and palate, cerebral palsy, and neurological disorders. These conditions often require complex medical care including surgeries, hospitalizations, and costly drug therapy, but, because of the cost-efficient manner in which CSHS provides these services, the cost of treating these children and providing support to their families is very low. The State Fiscal Year 2001 average cost per patient for CSHS was \$1,274.29, based on annual expenditures. Although this program provides medical services for disabilities and chronic medical conditions that children already have, it prevents these problems from becoming worse and more costly to treat and allows the children to achieve their full potential in life and become contributing residents of Louisiana.



Since 2001, CSHS has been involved in the Medical Home Project in association with the Louisiana Chapter of the American Academy of Pediatrics, the Louisiana State University Health Sciences Center, the Tulane University School of Medicine, Children's Hospital, and other community agencies and groups concerned with children with special needs. This project has gained tremendous support for training primary care physicians to provide a "medical home" for children with special health care needs. Two training sessions were held in 2001 in New Orleans and Shreveport and one was held in 2002 in Houma. A training session is planned for Monroe in 2003. The goal is to ultimately provide a training session in all nine OPH regions of the state.

CSHS has also supported a Governor's Task Force to develop a Birth Defects Registry. Birth defects are one of the top five leading causes of infant mortality in the state. Act 194, passed by the Legislature in 2001 to implement birth defects surveillance in Louisiana, created a nine-member Advisory Board. Currently, staff and the Advisory Board are developing program procedures to implement surveillance activities in 2003, through the Louisiana Birth Defects Monitoring Network.

E. NEWBORN HEEL STICK SCREENING AND FOLLOW-UP

The DHH-OPH's Genetic Diseases Program, in collaboration with the State Central Public Health Laboratory operates a statewide Newborn Heel Stick Screening and Follow-up Program in accordance with pertinent legislation and rules (R.S. 40:1299.1,2,3 and LAC 48: V. 6300). Screening for Phenylketonuria (PKU) initiated the newborn screening program in 1964, with screening for other diseases being added through the following years. The current panel includes the following diseases: PKU, congenital hypothyroidism, hemoglobinopathies (sickle cell disease), biotinidase deficiency, and, most recently, galactosemia. The program's mission of early detection coupled with immediate medical management of an infant with one of these disorders will prevent many and, in some disorders, all of the serious clinical sequelae. Benefits to Louisiana residents and savings to the state have been substantial over the years as described below:

- Every year, on average, three infants with PKU and 16 infants with congenital hypothyroidism are detected and treated early. Given the early initiation of specialized care, these children can live normal lives instead of suffering mental retardation and requiring expensive supports.
- There are approximately 80 infants with sickle cell disease detected and referred into specialized care each year. Before the standard of care included newborn screening, penicillin, and other aspects of specialized care, 30 percent of the children with sickle cell disease would not reach their third birthday. Recently, the case fatality rate has been within the range for that of the general population for this age group.



The following tables provide statistics from the Newborn Screening Program for detection of all diseases included in the panel in addition to statistics specific to sickle cell disease. The first table shows the number of infants detected with a genetic disorder by disease and by race for each year since 2000. The numbers detected each year have remained within the expected range for most diseases. However, for congenital hypothyroidism, there has been a three-fold increase from 2000 to 2002, which is attributed to a trend in more aggressive approach to diagnosis and treatment. The second table indicates the number of infants detected with a genetic disorder by hemoglobinopathy phenotype and the percentages for each.

| Newborn Screening Detections from 2000-2002 | | | | | | |
|---|---------------------------|-----------------------|------------------------------|------------------------|--------------|---------------|
| Year & Race | Congenital Hypothyroidism | Phenylketonuria (PKU) | Sickle Cell (SS, SC, S-THAL) | Biotinidase Deficiency | Galactosemia | Total Births |
| 2000 | | | | | | |
| White | 6 | 2 | 0 | 0 | 0 | 38,467 |
| Non-White | 3 | 0 | 87 | 0 | 0 | 29,806 |
| 2001 | | | | | | |
| White | 12 | 3 | 0 | 0 | 0 | 37,284 |
| Non-White | 5 | 1 | 73 | 0 | 0 | 28,337 |
| 2002 | | | | | | |
| White | 11 | 4 | 0 | 2 | 1 | Not available |
| Non-White | 18 | 0 | 80 | 0 | 0 | Not available |
| TOTAL | 55 | 10 | 240 | 2 | 1 | |

| Number and Percentage of Infants Detected with a Hemoglobinopathy, by Phenotype Louisiana, 2002 | | |
|--|--------|---------|
| Phenotypes | Number | Percent |
| S disease (FS, SF, SS) | 51 | 62.96% |
| SC disease (CS, CSF, FCS, FSC, SC, SCF) | 23 | 28.40% |
| C disease (FC, CF, CC) | 2 | 2.47% |
| E disease (EE, FE) | 3 | 2.47% |
| Sickle – thalassemia syndrome (FSA, SA, SAF, SFA, SFAA ₂) | 3 | 3.70% |
| Sickle E disease (FSE) | 0 | 0 |



F. LOUISIANA CHILDHOOD LEAD POISONING PREVENTION PROGRAM (LACLPPP)

The DHH-OPH Louisiana Childhood Lead Poisoning Prevention Program (LACLPPP) is a program designed to identify and prevent lead poisoning in children between six months and six years of age through screening, case management, surveillance, health education, and promoting primary prevention initiatives.

Childhood lead poisoning is a reportable disease. The Louisiana Childhood Lead Poisoning Prevention Program Rule (LAC 48:V.7001-7007), requires health providers to report a case of lead poisoning (that is, a case in which the blood lead level is 15 micrograms per deciliter ($\mu\text{g/dl}$) or higher) within 48 hours to ensure that the child receives the necessary medical and environmental services. In addition, the rule requires laboratories to report all blood lead levels, regardless of whether or not they are elevated. The information received is used for case management and surveillance.

Statewide lead poisoning prevention services at parish health units began in 1981. In 1998, funding was received from the Centers for Disease Control and Prevention, which enabled the program to establish the Louisiana Childhood Blood Lead Surveillance System (CBLSS) and to become a fully comprehensive, population-based program. The grant also enhanced patient case management and allowed the program to expand its target population from children screened at parish health units to all children across the state. The City of New Orleans Lead Poisoning Prevention Program has also played an important role in addressing lead poisoning. Orleans Parish has taken part in lead poisoning prevention initiatives since the early 1970s and continues to do so with support from the Office of Public Health.

Program Activities

LACLPPP consists of six areas that have been identified as being essential components of effective lead poisoning prevention programs. These six areas are developing a screening plan, case management, surveillance, health education, primary prevention, and evaluation.

LACLPPP works with local and statewide organizations to curb childhood lead poisoning by increasing screening in high-risk populations and areas, improving knowledge of lead poisoning, and facilitating comprehensive medical and environmental case management for lead-poisoned children. The program also has a statewide case management system designed to ensure that children with elevated blood lead levels receive adequate care. The driving force behind LACLPPP's activities is its surveillance system, which enables the program to target resources to high-risk areas and populations.

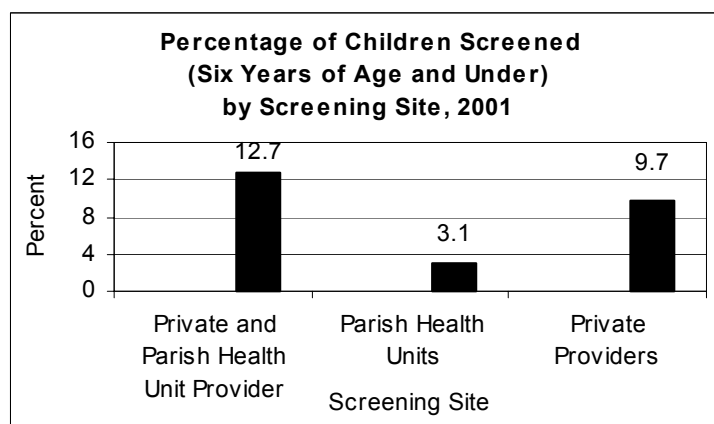
Over the last year, efforts were focused on maintaining and enhancing the childhood blood lead surveillance system by merging public and private laboratory data, developing statewide screening



recommendations, creating and implementing a statewide health education plan, and strengthening case management and primary prevention by placing a greater emphasis on environmental activities.

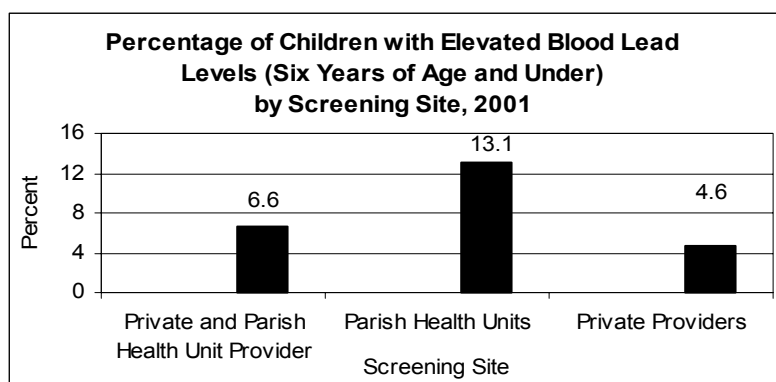
Screening and Prevalence

Lead poisoning is a preventable disease that affects 4.4 percent of US children between six months and six years of age. Data from 2001 show that 44,246 children in Louisiana (12.7 percent) were screened at parish health units and by private providers. Of the children screened, 6.6 percent had blood lead levels that were 10µg/dl or greater. A majority of children aged six months to six years of age have not been reached through screening.



Source: LACLPPP's Childhood Blood Lead Surveillance System (CBLSS).

Denominator data from Census 2000 pop. for children <=6, US Census Bureau



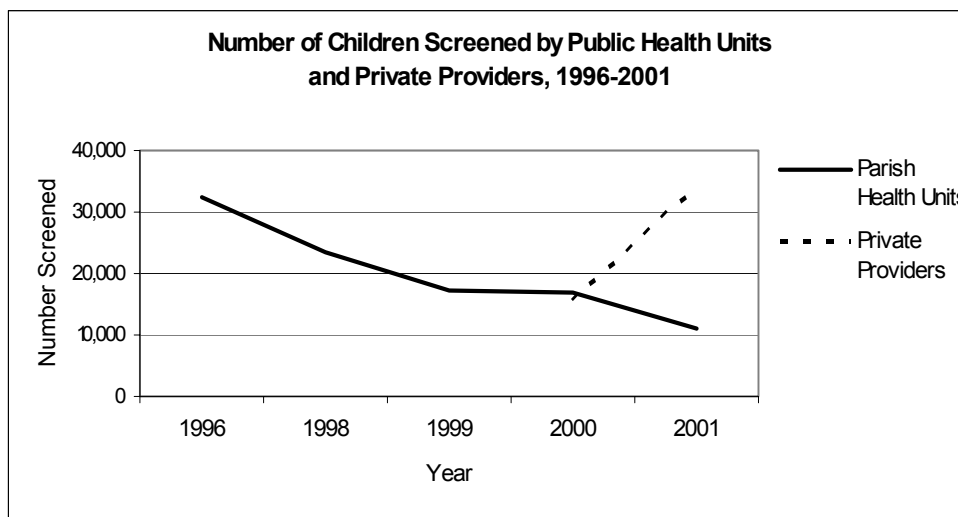
Source: LACLPPP's Childhood Blood Lead Surveillance System (CBLSS).

NB: Percentage is based on number of children screened, not on population of children <=6

In previous years, most children were screened at the parish health units; however, with the shift to DHH's Community Care Initiative, more children are now being screened by private providers. The increase in the number of children being screened by private providers underscores the importance of



working with private providers and ensuring that they are aware of program recommendations and guidelines. In the figure shown, private provider data are not available for 1996 through 1999 as the Louisiana Childhood Lead Poisoning Prevention Program Rule (LAC 48:V.7001-7007), requiring private providers and laboratories to report to LACLPPP, had not yet been implemented.



Source: LACLPPP's Childhood Blood Lead Surveillance System (CBLSS)

Screening is an important aspect of lead poisoning prevention and elimination as it is only through screening that lead-poisoned children are identified. Once identified, the program can ensure that lead poisoned children receive the necessary services. Thus, over the next year, LACLPPP will focus on increasing screening rates by ensuring that private providers and parish health units are aware of and comply with the state's universal screening recommendations. Furthermore, the program will assume a three-pronged approach to expand the scope of screening and improve the percentage of at-risk children screened. The program will work with the state Medicaid program to ensure screening and follow-up of this at-risk population, assure screening of children receiving services through WIC at the parish health units, and work with private providers who serve affected children to assure appropriate case management and follow-up.

Future Plans

In addition to increasing screening rates, LACLPPP intends to spend the next year focusing on primary prevention and strengthening its environmental activities by:

- Ensuring the screening plan is implemented on a statewide level;
- Conducting primary prevention activities for families at high risk for lead poisoning, particularly those who live in housing built prior to 1978;
- Working with program partners to promote protective measures and to collaborate on increasing abatement and remediation activities in the state; and



- Developing a childhood lead poisoning elimination plan to meet the *Healthy People 2010* objective of eliminating childhood lead poisoning by 2010.

G. SAFE KIDS COALITION

The DHH, OFFICE OF PUBLIC HEALTH, EMS/INJURY RESEARCH AND PREVENTION SECTION includes Louisiana SAFE KIDS, Inc. This non-profit coalition is dedicated to the reduction of unintentional injuries in children aged 0 to 14 years.

At the state level, Louisiana SAFE KIDS promotes media coverage of preventable childhood injuries, sponsors injury prevention events, and provides ongoing messages that unintentional injuries are the leading cause of death for children under age 14. Louisiana SAFE KIDS also works energetically to promote policies and programs to prevent childhood injury. Eight community chapters and three community coalitions sponsor injury prevention education activities in their respective areas.

Examples of these injury prevention education activities include: hands-on child safety seat clinics where trained, certified specialists check for proper child safety seat installation and educate parents how to use car seats correctly; promotion of the use of bike helmets through grant programs supporting community projects and reminder tags that are hung on bicycle handlebars; and bicycle rodeos. For information on the broad list of prevention materials available or information on how to start a chapter, Louisiana SAFE KIDS may be contacted at (504) 568-2508.

H. ADOLESCENT SCHOOL HEALTH INITIATIVE

Pursuant to a legislative request, the DHH OFFICE OF PUBLIC HEALTH (OPH) conducted a study in 1990 that concluded that the causes of adolescent deaths and illnesses could be reduced or prevented through greater adolescent health education and improved teen access to primary/preventive health care and professional counseling. Therefore, in 1991, the Louisiana State Legislature created the Adolescent School Health Initiative to facilitate the development of comprehensive health centers in public middle and senior high schools.

The School-Based Health Center Program, officially known as the Adolescent School Health Initiative, is directed by the DHH-OPH, ADOLESCENT SCHOOL HEALTH PROGRAM. School Based Health Centers (SBHCs) are an integral part of the state's Coordinated School Health Program, which also encompasses education, school environment, nutrition, physical fitness, and parent and community involvement.



Sources of funding for the SBHCs include the State General Fund (Tobacco Settlement monies), Maternal and Child Health Block Grant, local in-kind contributions, and Medicaid reimbursement.

SBHCs are established by a sponsoring agency (the grantee), which is responsible for management of the health center. Hospitals, medical schools, health departments, youth-serving agencies, community organizations, or school systems may be sponsoring agencies. Each SBHC's staff includes a licensed physician, a nurse practitioner, a registered nurse, a mental health counselor, a clinic administrator, and support staff, who work in collaboration with the counselors, social workers, psychologists, and speech, physical, and occupational therapists on school campuses. Services provided include preventive health care, medical screenings, sports and employment physical examinations, treatment for common simple illnesses, referral and follow-up for serious illnesses and emergencies. Other services include mental health counseling, immunizations, and preventive services for high-risk conditions such as pregnancy, sexually transmitted diseases, drug and alcohol abuse, violence, and injuries.

In the 2001 - 2002 academic year, 53 SBHCs were operational in 23 parishes, serving 84 public schools and providing access to care for over 50,000 students. Many sites have expanded services to primary and elementary feeder schools. In the 2001 - 2002 school year, 26,462 students received services, comprising a total of 131,566 individual visits to the centers. This number does not include students who participated in group counseling sessions with licensed social workers.

I. LOUISIANA'S SERVICE SYSTEM FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

The DHH OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES (OCDD) administers the Mental Retardation/Developmental Disabilities (MRDD) Services System. OCDD provides an evaluation of developmental disabilities for persons and/or their families who request such. This evaluation determines the individual's eligibility for services through Louisiana's MR/DD Services System. Eligibility is based on the definition of developmental disability contained in LA R.S. 28:380 et seq.: developmental disability is a severe, chronic disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or to any other condition (except mental illness) found to be closely related to mental retardation. Related conditions are included when they result in impairment of general intellectual functioning or adaptive behavior similar to that of persons who have mental retardation or require similar treatment and services. The disability must have occurred prior to age 22; be likely to continue indefinitely; and result in substantial limitations in three or more areas of major life activities, such as self-care, language, learning, mobility, self-direction, and capacity for independent living.



The MR/DD Services System includes public and private residential services and other supports and services to persons with mental retardation and/or developmental disabilities; it is administered through eight community services regional offices and nine developmental centers. These offices and centers are located statewide in or near major cities and provide a range of supports and services that equip the individual or family to plan for, prevent, or lessen the impact of adverse outcomes from the individual's disability. The community services regional offices serve as the points of entry for individuals to receive services from both the regional offices and the developmental centers.

The nine developmental centers provide a variety of residential supports and services, including care and treatment in the residential facility itself, and community based services such as community homes, extended family living services, and day programs with vocational or habilitation services in their localities. In concert with the community services regional offices, the developmental centers provide planning and follow-up services for those individuals who have chosen to move from the facilities to live in the community. Family involvement in this process is critical to success.

OCDD community regional offices offer a broad range of services including individual and family supports, such as personal care assistance, cash subsidy, respite, crisis intervention, and supported living services. OCDD regional offices also offer early intervention programs to infants and toddlers, as well as vocational and habilitative services for adults. These services are provided by private provider agencies through contractual agreements or through individualized agreements with individuals and families who obtain their own service providers. The services are described below.

- OCDD participates in Louisiana's Early Intervention system by providing funding for specialized community-based services to infants and toddlers (age 0 – 36 months) with developmental disabilities. The Office accepts eligibility as determined through the Childnet system. Early Intervention services include: family training, counseling and home visits, special instruction, speech-language pathology services, audiology services, occupational therapy services, psychological services, physical therapy services, social work services, and assistive technology devices and services. Health and transportation services may be provided to enable the child to benefit from other early intervention services.

In 2003 OCDD began the process of transferring its early intervention program for infants and toddlers with special needs to DHH-OPH, which will be the lead agency for the federal Part C program for these children and their families.



- The Individual and Family Support Program provides resources to people with developmental disabilities to allow them to live in their own homes or with their families in their own community. Regional offices administer the program through state general fund monies to provide support that is not available from any other source. Individual and Family Support services include, but are not limited to: respite care, personal assistance services, specialized clothing, (e.g., adult briefs), dental and medical services not covered by other sources, equipments and supplies, communication services, crisis intervention, specialized nutrition, and family education. Requests for Family Support funding are reviewed each year or when a person's needs change.
- The Cash Subsidy Program provides a monthly stipend to families of eligible children with severe disabilities, until the age of 18. Funds are intended to help families meet the extraordinary cost associated with maintaining their child in the home. Stipends are awarded to eligible children on a first come, first serve basis.
- The Resource Centers are new initiatives, implemented in State Fiscal Year 2003 that provide leadership, enhance communication and collaboration, and increase the availability and capacity of support and services to people with developmental disabilities. Services provided include training opportunities, training curriculum development, provision of resource materials, resource guides, peer reviews, and program reviews. There are three Resource Centers in the state, each offering specialized information and expertise.

There are six Assertive Community Treatment (ACT) Teams located in various regions throughout the state; they are managed through local developmental centers and accessed through OPH Regional Offices. ACT Teams provide support and services to people with developmental disabilities who need intensive treatment intervention, thus allowing them to remain in their community living setting. The support and services include: initial and ongoing assessment, psychiatric services, family support and education, support coordination, and other services critical to an individual's ability to live successfully in the community. ACT teams, which consist of psychologists, social workers, nurses, and psychiatrists, provide support and services on an as-needed basis, 24 hours a day, seven days a week. Additionally, ACT team support and services are provided in the community rather than in an office-based practice and combine skills development with clinical management.

J. NUTRITION SERVICES PROGRAM

Nutrition Services in the Office of Public Health are comprised of several programs, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); the Commodity Supplemental Food Program (CSFP); the 5-A-Day Program; operation of the Center for Disease Control and



Prevention's (CDC's) Pediatric Enhanced Nutrition Surveillance System (PEDNSS); and nutrition consultative services currently provided for the Maternal and Child Health Program, the Children's Special Health Services Program, the Genetics Program, and the Family Planning Program. The overriding goal of Nutrition Services is to promote health through nutrition education and, when necessary, through medical nutrition therapy.

The **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** is the largest program operated by OPH Nutrition Services. The Program serves pregnant, breastfeeding and postpartum women, infants, and children up to the age of five who meet eligibility criteria, including an income of less than 185 percent of the poverty level. WIC is available through a statewide system of 128 clinics located in parish health units and contract local agencies. During federal fiscal year 2002, the state served approximately 131,976 women, infants, and children, which represented an 8 percent increase over the previous year.

The WIC Program in Louisiana is 100 percent federally funded by a grant from the United States Department of Agriculture (USDA) totaling \$79 million during federal fiscal year 2002. \$59 million of that total was allocated directly to the purchase of specific supplemental foods rich in vitamins A and C, iron, calcium and protein. Foods are provided through the issuance of vouchers, which are redeemed at approximately 850 approved WIC vendors across the state, thus impacting the state's economy.

In addition to the provision of supplemental foods, the WIC Program provides services including assessment of nutrition risk; development of a nutrition plan of care; and nutrition counseling based on nutrition risk, educational activities, reassessment, and continued nutrition guidance. Prenatal nutrition counseling is extremely important to ensure healthy pregnancy outcomes. Breastfeeding is promoted to prenatal women as a means of providing optimal nutrition and health for their babies. In 2002, WIC nationwide was encouraged to join First Lady Laura Bush in her campaign on literacy. Louisiana joined in these efforts by providing two nutrition education group classes: "Breastfeed and Read" and "5-A-Day The Rabbit Food Way."

The **Commodity Supplemental Food Program (CSFP)** is also 100 percent federally funded by a grant from the USDA. This program provides monthly food boxes primarily to senior citizens, but also serves pregnant women, breastfeeding and postpartum women, infants, and children until six years of age. Participation in the program is approximately 75,000 individuals per month, of whom 68,400 (91 percent) are senior citizens. The CSFP grant for federal fiscal year 2002 was approximately \$3.8 million. Foods provided for the program are purchased by the USDA and distributed to the participating states around the country. In Louisiana, the CSFP program is administered through a subcontract with the Catholic



Archdiocese of New Orleans, which operates at 250 sites in 40 parishes in the southern portion of the state.

The DHH-OPH Nutrition Services Office has been designated as the licensee for the national **5-A-Day Program**. While no funding exists for this program, the state does benefit from the national public partnership with the National Cancer Institute within the National Institutes of Health of the U.S. Department of Health and Human Services, and a national private partnership with the Produce for Better Health Foundation. The state is able to access free materials on the benefits of consuming at least five servings of fruits and vegetables per day, which are then distributed to the public through the system of parish health units around the state. In addition to the general benefits of good health that fruit and vegetable consumption provide, consuming five servings of fruits and vegetables per day has been associated with a decrease in cancer occurrence in 13 anatomical sites. Considering the high cancer rate in Louisiana, it is important to promote fruit and vegetable consumption; with only 19 percent of the population consuming at least five servings of fruits and vegetables per day, the state currently falls below the national average of 25 percent of residents achieving recommended consumption levels.

The **Pediatric Enhanced Nutrition Surveillance System (PEDNSS)** is a collaborative effort with the CDC whereby anthropometric and laboratory data obtained on participants in the WIC program are analyzed in order to identify the participants at highest nutrition risk in the state. These data enable nutritionists in the public health system to provide intervention techniques to improve the health status of the children in Louisiana.

Consultative services are provided statewide to Louisiana's population participating in the Maternal and Child Health Program, the Genetics Program, the Children's Special Health Services Program, and the Family Planning Program. These services are provided both at the state level (directly to program managers) and at the local level (by public health nutritionists in the communities around the state). Consultation relative to these programs usually involves medical nutrition therapy providing intervention in cases of underweight, overweight, oral motor dysfunction, and metabolic disorders such as PKU and galactosemia. Nutrition intervention is essential in managing these conditions.

Programs Targeting Infectious Diseases

K. TUBERCULOSIS (TB) PREVENTION AND OUTREACH

Through the work of Disease Intervention Specialists (DIS), the DHH-OPH TB CONTROL SECTION monitors the treatment of reported cases of TB statewide. The DIS staff accomplishes this monitoring through Directly Observed Therapy (DOT), which is a service provided to ensure compliance with and completion



of TB treatment for all Louisiana patients in either public or private health care settings. The DIS staff also investigates each case of TB to assure timely identification and evaluation of contacts to TB. Of those patients whose TB cases have been designated “closed,” 95 percent completed therapy in 1999 as compared with the 96 percent completing therapy among the “closed” cases in 1998. The high therapy completion was due to both the intense DOT efforts of DIS staff and to the utilization of incentives and enablers.

L. SEXUALLY TRANSMITTED DISEASES (STDs) AND HIV/AIDS PREVENTION PROGRAMS

DHH-OPH aims to prevent the spread of STDs and HIV/AIDS through a variety of methods, including: prevention education; HIV counseling, testing, and referral; and partner notification. Other methods include STD treatment and control (including syphilis partner notification) and encouraging patients with other STDs to have their partners seek medical treatment as STD contacts. Additional activities implemented statewide by DHH-OPH involve peer programs, street and community outreach in selected zip code areas, and condom distribution via businesses in communities with high rates of STDs and HIV/AIDS.

STDs

STD control is a labor-intensive task which relies on the rapid location of a person’s sexual partners in the community to halt further spread of the disease. The OPH STD CONTROL PROGRAM conducts the following four basic activities in order to prevent the spread of disease:

- Prevention activities, which provide education and information to patients and the general public about STDs and the use of condoms;
- Clinical services that include the testing, diagnosis, and treatment of patients seen in the clinics;
- Epidemiology in conjunction with surveillance, location, and referral of persons suspected of having an STD for examination and early treatment; and
- Targeted screening, which is a mechanism to discover infections in certain populations and determine disease prevalence.

To reach people who have the highest risk of infection, the STD CONTROL PROGRAM works with a number of other health-related programs, including MATERNAL AND CHILD HEALTH, FAMILY PLANNING, correctional institutions, substance abuse centers, and other facilities where STDs may be prevalent. Through collaboration with these programs and efforts of STD field personnel, 250,000 STD screening tests were administered in 2000.



HIV/AIDS

The HIV/AIDS Prevention component of the program is driven by the CDC's required community planning process. This process operates under the structure of 10 local and regional advisory groups and one statewide planning group who ultimately have the responsibility for developing and producing a comprehensive HIV/STD statewide prevention plan. DHH-OPH co-chaired all of these bodies and supported, facilitated, and coordinated this statewide activity. Regional and local groups meet monthly, while the statewide group meets two times during the year. A three-year HIV/STD Prevention Comprehensive Statewide Plan was developed and submitted with the OPH HIV/AIDS PROGRAM (HAP) Cooperative Agreement to the CDC. This plan identifies and prioritizes target populations, intervention strategies, and geographic locations throughout the state where HIV/STD prevention activities should be conducted with individuals at high risk for these diseases.

During 2001, OPH/HAP provided financial support, contract monitoring, technical assistance, capacity building, and training to 22 community-based organizations. These organizations conducted the following interventions: condom availability; street outreach, which included referrals to pharmacies for needle availability; venue-based outreach; small group peer programs; popular opinion leader programs; and prevention counseling. Additionally, statewide public health, STD, substance abuse, and mental health clinics participate in condom availability, partner counseling and referral services, and HIV prevention counseling and testing interventions.

The following accomplishments were reported in 2001:

- A total of 50,316 prevention counseling sessions conducted by 167 organizations;
- 572 new HIV infections detected through the prevention counseling program;
- 530 individuals trained in prevention counseling and outreach;
- 226,628 street outreach contacts conducted;
- 548 educational sessions conducted, which trained 116 peer leaders and 1,416 peer participants;
- 2,500 hotline calls received by the Statewide Hotline;
- a quarterly newsletter published and distributed to 1,375 individuals with information regarding HIV/AIDS; and
- 405,013 brochures distributed to the citizens of Louisiana.

The Perinatal HIV Prevention Program, now in its fourth year, was funded by a grant from CDC. This grant has now become part of the annual base award for the HIV/AIDS Prevention Program. The focus of the perinatal program is to prevent mother-to-child transmission of HIV through promotion of the nationally recommended testing and treatment protocols and strengthened linkages to care.



As part of these efforts, the HIV/AIDS Program has distributed education materials statewide, and is continuing to reach out to clinicians and medical centers statewide to promote the U.S. Department of Health and Human Service (DHHS) recommendations for screening and treatment of HIV for pregnant women and their newborns. In collaboration with the Family Advocacy Care and Educational Services Program, the HIV/AIDS Program has distributed folders with patient and clinician education materials to over 2,500 obstetricians/ gynecologists and family practice physicians and pediatricians, residency programs, medical centers, parish health units, clinics, and social service agencies throughout Louisiana. In addition, over 50,000 pocket cards have been distributed to females at high risk during street outreach. These materials are available and can be ordered through the HIV/AIDS Program Clearinghouse Resource Center.

In an effort to reduce STDs in the general population, over 2,600 STD screenings were conducted with asymptomatic individuals seeking care in the HIV Outpatient, W-16 Walk-In Emergency Room, and Pediatric Emergency Room clinics in New Orleans. HIV Partner Counseling and Referral services, which were conducted by the STD Program, were dispatched for follow-up of 969 individuals.

Programs Targeting Chronic Diseases

M. CARDIOVASCULAR HEALTH CORE CAPACITY PROGRAM

Cardiovascular disease (CVD) is the leading cause of death in Louisiana, accounting for nearly 40 percent of all deaths. According to the American Heart Association, Louisiana has the fourth highest cardiovascular age-adjusted death rate in the nation.

Over the last two years, the Cardiovascular Health Section of the OPH Community Health Promotion and Chronic Disease Program has developed a state Cardiovascular Health (CVH) Program. The fundamental goal of this program is to develop a state plan to promote healthy lifestyles through policy and environmental change. The CVH program developed a partnership comprised of key players in DHH as well as outside business, community, and faith organizations, health care providers and schools that are motivated by a similar mission. The combined efforts and resources of these individual partners produce the synergy necessary to address the CVD burden in Louisiana.

The CVH plan formulated measurable objectives in line with those set by *Healthy People 2010* which address the disparities in CVD risk factor occurrence and treatment. The major risk factors (physical inactivity, nutrition, tobacco, high blood pressure, high blood cholesterol, and diabetes) are targeted in four settings: schools, community, health care, and worksites.



At present, an environmental inventory of existing programs across Louisiana is being performed to identify the state's core capacity and identify the gaps which require intervention. The CVH program continues to provide infrastructure support for further development of the Louisiana Inpatient Hospital Discharge Database, which is a prime source of data used to target program activities. Some programs scheduled for 2003 include a conference to educate Emergency Medical Dispatchers to recognize stroke emergencies in 911 calls, to understand the importance of priority dispatching for a stroke emergency, and to comprehend the need for pre-hospital acute stroke assessment in the field. In conjunction, a second conference is being scheduled to educate healthcare providers to become skilled in acute stroke recognition and care, and to promote the rapid examination and treatment of stroke victims through the creation of hospital "stroke teams."

In addition, through a contract with the **University of Louisiana at Monroe**, baseline data are provided and used to develop measurable objectives and define the burden of CVD on the state.

N. DIABETES CONTROL PROGRAM

The Louisiana DIABETES PREVENTION AND CONTROL PROGRAM (DPCP) began receiving funding from CDC on October 1, 1996. The overall goal of the program is to reduce the burden of diabetes in Louisiana using the following methods: *monitoring* the prevalence and incidence of diabetes and available care and education opportunities; *informing* the population on how to use existing resources as efficiently and effectively as possible; and *strengthening* weak points in the diabetes care system. Through these methods, the DPCP hopes to reduce morbidity and mortality related to diabetes in the state. It is hoped that future efforts will focus on primary prevention of type-2 diabetes through obesity prevention for high-risk groups.

Activities supported by the Louisiana DPCP include the following:

- **Coordinate diabetes efforts with other prevention activities.** Because of the overlap in intervention strategies and risk factors for diabetes, cardiovascular health, and tobacco use, the Health Promotion and Chronic Disease Control Section of the Office of Public Health, which administers the Louisiana DPCP, will integrate reducing the burden of diabetes with existing programs. This program includes collaborating to develop/implement standards and quality assurance for preventive services in clinical settings and community-based interventions that target risk and preventive health care-seeking behaviors. It also includes community-based and statewide marketing of health messages aimed at the 10 leading causes of death.
- **Create a comprehensive surveillance and evaluation system** using existing vital statistics, surveillance data, client encounter-based systems, and data from the Behavioral Risk Factor Surveillance System. A diabetes module has been in the surveillance system since 1997. A



partnership has been established with the Louisiana State University Health Sciences Center. Collaborations have also been developed or strengthened with the Louisiana Diabetes Association, Medicaid, and the Louisiana Healthcare Review, as well as with managed care organizations, insurers, and employers.

- **National Health Disparities Collaborative.** This effort is being addressed through a contract with the City of New Orleans Health Department/ Healthcare for the Homeless Clinic. The goal is to reduce the burden of diabetes in disparate populations by increasing the capacity to provide diabetes patient education and improve the data management system that tracks the health care of the homeless patients on the diabetes registry.
- **A statewide Diabetes Advisory Council.** The Council will develop diabetes standards of care guidelines and a state plan for Louisiana. The Council also serves as a catalyst for collaboration among public, private, and community-based organizations around diabetes issues.
- **Diabetes Public Awareness/Education Media Campaign** focuses on prevention and treatment. The campaign will target blacks in one commercial and the general public in another. Components of the campaign include radio and television public service announcements and public relations.
- **Provider education** is being addressed through a pilot project in conjunction with the Southwest Louisiana Area Health Education Center to provide diabetes education and training to students in medical, nursing, and other health profession schools. The goal is for the students to learn how to provide appropriate and adequate diabetes education, screening, and examinations to rural populations.

O. TOBACCO CONTROL PROGRAM

The OPH Louisiana TOBACCO CONTROL PROGRAM (TCP) is committed to promoting partnerships and using research-based strategies for tobacco prevention, control and awareness in order to empower citizens to make healthy lifestyle choices and strive to create a Tobacco-Free Louisiana.

Program Impact Statement

The Louisiana TCP has been working diligently to decrease the burden of tobacco use on the residents of Louisiana through evidence-based strategies and activities. The program's community outreach efforts to prevent tobacco use and decrease current smoking through cessation services have benefited a diverse group of Louisiana residents. Furthermore, the program's success can be measured by the fact that, in spite of the millions of dollars that are spent each year by the tobacco industry to lure people into the smoking addiction, the number of adult Louisiana smokers has remained constant over the past 10 years.

**The Goals**

The TCP goals are to: 1) prevent non-smokers from starting; 2) help current smokers to quit; 3) prevent exposure to second-hand smoke; and 4) eliminate health disparities among special populations to reduce the burden of tobacco-related diseases.

Tobacco Facts

- Tobacco use is the single most preventable cause of death and disability in our society, causing more deaths every year than AIDS, alcohol, car crashes, murders, suicides, and illegal drugs combined²
- Approximately 100,000 youth in Louisiana are projected to die prematurely due to smoking²
- An increasing number of adolescents in Louisiana become addicted to tobacco products at an early age and go on to become chronic users each day³
- One in four (752,000) adults in Louisiana is a current smoker⁴
- One in four Louisiana children has tried cigarettes by the 6th grade³
- Tobacco causes one in five deaths in Louisiana⁵
- The economic cost to the state associated with tobacco use is approximately \$1.46 billion a year⁵
- Children exposed to Environmental Tobacco Smoke (ETS) or second-hand smoke are at an increased risk for sudden infant death syndrome, acute respiratory tract infections, asthma induction and exacerbation, and middle ear infections⁶
- 744,000 Louisiana children under the age of 18 years were exposed to ETS inside their homes⁴
- One in five mothers of newborns reported smoking cigarettes during the 3 to 6 months after delivery⁷

The Program

Implemented in 1993, OPH/TCP focuses on: increasing community awareness of the harmful effects of ETS; assisting communities in policy development which makes tobacco use less socially acceptable; empowering youth and adults to recognize tobacco industry advertising tactics used to promote smoking; and developing strategies to counter these messages.

The program plan and components are based on the *Best Practices For Comprehensive Tobacco Control Programs* recommended by Office on Smoking and Health of CDC. These specific components are:

2 Centers for Disease Control and Prevention. Projected smoking-related deaths among youth – United States, 1996. Morbidity and Mortality Weekly Report 1996;45(44):971-4

3 Tobacco Control Program, Office of Public Health, Louisiana Department of Health and Hospitals. Louisiana Youth Tobacco Survey (LYTS) – 2000.

4 Chronic Disease Epidemiology Unit, Office of Public Health, Louisiana Department of Health and Hospitals. Behavioral Risk Factor Surveillance System (BRFSS), 2000.

5 Chronic Disease Epidemiology Unit, Office of Public Health, Louisiana Department of Health and Hospitals. Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) Report – Louisiana 1999

6 EPA. Respiratory health effects of passive smoking: Lung cancer and other disorders. EPA/600/6-90/006F; December 1992.

7 Louisiana Office of Public Health. Louisiana Pregnancy Risk Assessment System (LAPRAMS), 2000.

***Community Interventions for Tobacco Control***

Community mobilization and empowerment make up a significant component of the OPH/TCP initiatives. The program provides grants to community-oriented organizations to coordinate community planning and capacity building for tobacco prevention and control.

Tobacco Control Program Policy Priorities

OPH/TCP promotes policy development and change by encouraging an increase in tobacco excise taxes (which is directly related to a decrease in consumption by youth) and promoting clean indoor air in public places, worksites, schools, and all other places where children learn and play.

Strategic Use of Media

The Louisiana TCP is executing two marketing and public relations outreach campaigns. The Educational and Promotional Multimedia Smoking Cessation Campaign will be aimed at those who want to quit smoking. It will also promote the use of the toll-free 1-800-LUNG-USA smoking cessation helpline. The Educational and Promotional Multimedia Environmental Tobacco Smoke Campaign will inform the public of the risks associated with tobacco use and promote changes in behavior to reduce exposure to ETS. The ultimate goal of the campaign is to decrease the number of tobacco smokers and to reduce the number of people exposed to secondhand smoke. The ETS media campaign also aspires to eliminate and prevent first time smoking among the youth population and to encourage worksites and major public facilities to establish and implement smoke-free policies. Louisiana residents will be exposed to television and radio commercials, billboards, and other print materials that will convey both the cessation and ETS messages.

Cessation Services

TCP receives funding from CDC and the State of Louisiana. In 2002, the Legislature awarded OPH \$500,000 for tobacco cessation efforts. OPH/TCP has used the funding to implement the 1-800-LUNG-USA helpline and establish Freedom From Smoking (FFS) clinics throughout the state. The FFS clinics target for Medicaid patients, the uninsured, and state workers. The cessation helpline and FFS clinics are sponsored in partnership with the American Lung Association of Louisiana.

Tobacco Surveillance and Evaluation

OPH/TCP gathers data on Tobacco Use patterns through the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Tobacco Survey (YTS). The information obtained from BRFSS assists in: identifying the need for interventions; monitoring the effectiveness of existing interventions and prevention programs; developing health policy and legislation; and measuring progress toward attaining state and national health objectives. The YTS gathers information about tobacco use patterns among middle and high school students and provides valuable information for program planning, implementation, and evaluation.

***Accomplishments of the TCP:***

- Spearheaded the successful development, implementation, and evaluation of a pilot employee nicotine patch program that integrated various state departments as well as community businesses, vendors, and motivational speakers to be modeled and duplicated throughout the state. Collaborators included: OPH Pharmacy, OPH Nursing Services, Chronic Disease Epidemiology Unit, OPH Nutrition Services, OPH Medical Directors, and community partners. The Nicotine Patch program was combined with the Freedom from Smoking cessation program to increase the success rates of both. The main goal of this merger was to promote a multiple intervention environment.
- Forged a successful relationship with Vietnamese community leaders, which led to completion of a needs assessment that will ensure future provisions to specifically assist this unique community.
- Sponsored, recognized, and presented Ritney Castine as the Louisiana Youth Tobacco Advocate of the Year, and nominated him for the National Youth Tobacco Advocate of the Year.
- Implemented a continuing ETS and anti-tobacco media campaign through successful negotiations of a contract with SMG Management, Inc., which manages the Louisiana Superdome, the New Orleans Arena, the Mahalia Jackson Theatre of Performing Arts, and the Baton Rouge Centroplex.
- Entered into an ongoing partnership with the New Orleans Saints Marketing and community outreach departments to reach youth throughout Louisiana in the fields of prevention and youth advocacy.

Partners include:

- **American Lung Association of Louisiana**—"To Quit Smoking for Good" Call 1-800-LUNG-USA.
- **Louisiana Tobacco Control Resource Center (LTCRC)**—LTCRC has information about research, effective control interventions, prevention and cessation programs, and model policies for advocacy.
- **Louisiana Public Health Institute (LPHI)**—LPHI is also the site of the Coalition for a Tobacco-Free Louisiana. OPH/TCP is a participating member of this statewide coalition of public and private agencies, institutions, and individuals dedicated to the cause of tobacco control in this state.
- **American Cancer Association of Louisiana**
- **University of New Orleans Conference Services**
- **New Orleans Saints—Youth Tobacco Prevention Physical Activity Program**
- **American Cancer Society**—"Make Yours A Fresh Start Family"
- **LeBrane Legacy Foundation / Congregational Health Advocate in Tobacco (C.H.A.N.T.) and Holy Temple International, Inc.**—This grassroots coalition seeks to eliminate exposure to ETS and advocates local involvement, particularly by faith-based organizations, in community tobacco policy.
- **Governor's Council on Physical Fitness and Sports**—The Council identifies elementary and middle school students who participated in the statewide, 30-parish fitness assessment study and who are at risk of becoming habitual smokers. These students will be informed about the dangers of tobacco and tobacco-related products along with other tobacco control and prevention initiatives. This program reaches 90,000 school-age children statewide.



Programs Targeting Substance Abuse

P. ALCOHOL, DRUG, TOBACCO, AND PREVENTION ADDICTION SERVICES

The Impact of Substance Abuse: OFFICE FOR ADDICTIVE DISORDERS (OAD) Services

Substance abuse has been called the nation's number one health problem.⁸ Research indicates that it is associated with poor health, disruptive social relations, decreased work productivity, violence, crime, and child abuse. A report on chronic diseases and causes of death explains that chronic diseases are often complicated by lifestyle and environment.⁹ The actual leading causes of death in the United States are tobacco, poor diet/physical inactivity, and alcohol use.¹⁰ Since 1989, more individuals have been incarcerated for drug offenses than for all violent crimes, and drug and alcohol abusers commit most violent crimes. Alcohol and drug abuse is implicated in three-quarters of all spouse abuse, rapes, child molestation, suicides, and homicides.¹¹ On a daily basis throughout the United States, hospital emergency rooms treat victims of gunshot wounds and other violence caused by alcohol abuse and drug addiction. Exchanging sex for drugs, practicing unsafe sex, and sharing dirty needles are high-risk behaviors that substance abusers often engage in, and which contribute to the spread of HIV/AIDS and Sexually Transmitted Diseases (STDs).

The CENTER FOR SUBSTANCE ABUSE RESEARCH (CESAR) highlights significant findings in the field of addictive disorders and gives scientific validation to the information presented above in a weekly report distributed by fax. The death rate for drug-induced causes has increased every year since 1990, reaching 5.6 deaths per 100,000 population in 1997. While drug-induced deaths for both males and females are rising, the death rate for males is 2.4 times greater than for females, and rising more steeply. Among males, this figure was 8.4 per 100,000 in 1997, up from 4.9 in 1990. Among females, the drug-induced deaths rate was 3.6 in 1997, up from 2.8 in 1990. The category "drug-induced causes" includes death from dependent and non-dependent use of both legal and illegal drugs, as well as poisoning from medically prescribed and other drugs.¹² Between 50 percent and 77 percent of male adult arrestees tested positive for at least one illicit drug in 1999, according to data from 34 cities participating in a National Arrestee Drug Abuse Monitoring (ADAM) program. Marijuana was the drug most frequently detected in 24 sites, followed by cocaine in the remaining 10 sites. Treatment of cocaine-dependent persons in long-term residential and outpatient drug-free programs generated reductions in crime that

8 Using Social Indicators to Estimate Substance Abuse Treatment Needs in Louisiana. July 1998.

9 Chronic Diseases and Their Risk Factors: The Nation's Leading Causes of Death 1999. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

10 McGinnis & Forge, 1993

11 The National Center on Addiction and Substance Abuse, Columbia University. 1996

12 CESAR, July 17, 2000, vol.9, Issue 28



more than offset the cost of the treatment, according to data from the national Drug Abuse Treatment Outcomes Study (DATOS). The average cost of crime among these cocaine-addicted clients decreased 78 percent from the year before to the year after long-term residential treatment, resulting in a \$21,360 average benefit per client. This is nearly twice the average treatment cost per episode of \$11,016. Outpatient drug-free clinics experienced slightly less savings. The average cost of crime decreased 28 percent from the year before to the year after treatment, resulting in a \$2,217 average benefit per client—1.5 times the cost of treatment. It was noted that these figures may understate the economic benefits of treatment because other areas commonly improved by treatment, such as employment and health, were not included in the study.¹³

Louisiana's substance abuse health care picture resembles that of the nation. Tobacco use was cited as a leading actual cause of death (i.e., played a significant role in cancer, heart disease, stroke, vascular and respiratory diseases) in 1994 in Louisiana.¹⁴ One of every five deaths was attributable to tobacco use. The LOUISIANA OFFICE OF COMMUNITY SERVICES, which provides child welfare services, estimates that, currently, up to 75 percent of the families receiving Child Protective Services interventions have some substance abuse involvement. Less than 1/5 (18 percent) of child passengers who died while being transported by a drunken driver were restrained in the fatal crash, according to an analysis of data from the National Highway Traffic Safety Administration.¹⁵ In all age groups, child passenger restraint use decreased as the blood alcohol concentration of the child's driver increased. Older children were least likely to have been restrained.

A cumulative report from the DEPARTMENT OF SOCIAL SERVICES (DSS) indicates that, as of March 2001, 105,626 recipients have been screened under the Family Independence Temporary Assistance Program (FITAP) Drug Testing Program. OAD referral tracking records from State Fiscal Year 1998 to March 2001 show 2,014 recipients have been referred by DSS. A cumulative report from July 21, 1998 to December 31, 2001 indicates there were 681 individuals placed in substance abuse treatment. For the 3 years following inception of the program, approximately 55 percent of those referred did not show up for treatment. The DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS reports that approximately 75 percent of incarcerated adults have substance abuse problems. Smokers who begin smoking at a younger age are more likely than those who begin smoking at a later age to report lifetime drug use and dependency. According to the 1999 National Household Survey on Drug Abuse, the mean age of first cigarette use is currently 15.4 years.¹⁶

13 CSAT by Fax, July 19, 2000, Vol. 5, Issue 10

14 Chronic Disease Control Program, 1998

15 CESAR, August 21, 2000 vol. 9 issue 33

16 CESAR September 25, 2000 vol. 9 issue 38



Because of the high prevalence and devastating social, health, and economic impact/cost of substance abuse, both the state and the federal government give high priority to prevention and treatment efforts. OAD, the sole state authority for substance abuse, operates through a regionalized Community Service District (CSD)/Regions substructure. There are ten administrative regions (or CSDs) of approximately 450,000 to 500,000 inhabitants each, and two independent districts. Programs within OAD are categorized as either Prevention or Treatment.

Prevention programs address the individual, interpersonal, social, and environmental influences that cause an individual to abuse alcohol and other drugs. Prevention program activities must include three of the following six strategies: Information Dissemination; Education; Alternatives; Problem Identification and Referral; Community-Based Process; and Environmental Processes/Social Policy/Advocacy. Prevention services have the additional responsibility of the Synar Initiative, a community development and educational program designed to comply with the federal and state laws regarding tobacco sales to individuals under the age of 18 years. The December 1996 baseline found 75 percent of retailers to be non-compliant. OAD implemented programs to educate tobacco vendors regarding tobacco sales to minors. Enforcement efforts are conducted via compliance checks by the OFFICE FOR ALCOHOL AND TOBACCO CONTROL through a contractual agreement with OAD. The federal mandate was to reduce the illegal sales of tobacco to minors from 75 percent to 20 percent over a five-year period. Louisiana met the federal goal in 18 months. The current rate of non-compliance stands at 5.6 percent, which is among the best in the nation.

OAD continues to operate a statewide Tobacco Cessation Program for its clients in both outpatient and inpatient substance abuse facilities. The program is based on Hazelden's "Your Next Step" Tobacco Cessation Program, which incorporates the 12-step model for treating chemical dependency. Nicotine patches are provided as a component of this program. In May 2002, 24 OAD facilities offered tobacco cessation services, and 450 clients were screened during the month. Seven facilities accounted for 56.4 percent of all screenings. Among tobacco users screened, 18.2 percent wanted to participate in the program. Sixteen clients (3.6 percent) were admitted to the program. The majority of clients were male (74.4 percent) and 82.9 percent of the clients used tobacco products. During the past year, 62.5 percent of the clients smoked at least one pack a day. With regard to discharge, 75 percent of the clients completed more than half of the modules. During the program, 100 percent did not smoke. During follow-up, 100 percent of the clients reported that they had not used as much tobacco in the previous month as they did before participation in the program.

Prevention specialists coordinate prevention services in each of the Regions and implement community-based primary prevention strategies. Research indicates that alcohol, tobacco, and other drug (ATOD) use, delinquency, school achievement, and other important outcomes in adolescence are associated with



specific characteristics (i.e., risk or protective factors) in the students' communities, schools, and family environments. Evidence indicates that exposure of adolescents to a greater number of risk factors, irrespective of what the specific risk factors are, is associated with more substance use and delinquency, while exposure to more protective factors is associated with lower prevalence of these behaviors.

The analysis of risk and protective factors is the most powerful paradigm available for understanding the origin of both positive and negative adolescent behavioral outcomes and how the most successful adolescent prevention programs can be designed.¹⁷ Under the sponsorship of the CENTER OF SUBSTANCE ABUSE PREVENTION (CSAP), DHH/OAD contracted with DEVELOPMENTAL RESEARCH AND PROGRAMS, INC., of Seattle, Washington, to conduct a survey of sixth, eighth, tenth, and twelfth grade students, using the *Communities that Care*® Youth Survey (CTC Survey). The CTC survey was developed to provide scientifically sound information to communities on the prevalence of risk and protective factors among youth. The survey data were collected from March 2000 through May 2001 in Louisiana public and private schools. A risk and protective factor profile was developed for Louisiana students.

Results showed Louisiana students to be above the national average for all but two of the protective factors. There was only one protective factor, Opportunities for Positive Involvement in the Community, for which Louisiana students scored significantly lower than both the National Comparison average and the CTC matched comparison. The next lowest protective factor was School Rewards for Prosocial Involvement. The most elevated risk factor was in the school domain, Academic Failure, which measures students' self-reports of their academic performance. Other risk factors that were significantly higher than the national average were Friends, Delinquent Behavior and Impulsiveness, and Poor Family Discipline. Results of the survey are posted on OAD's Web page. It is important to note, the survey points out, that both risk and protective factors must be addressed for a program to be successful. OAD conducted a follow-up Louisiana Youth Survey in collaboration with the Southwest Center for Application of Prevention Technologies, University of Oklahoma. The survey began in the school system in April 2001 and was completed the following month. Analysis of this data is complete and will be used to determine the areas most in need, as well as the type and intensity of programs to be implemented. It will also enable the state to transition into a model conducive to research-based programming. Beginning with the implementation of the State Incentive Grant (SIG), OAD has funded 18 research-based projects around the state addressing Risk and Protective Factors.

OAD has been designated by the Office of The Governor to administer and implement the Center for Substance Prevention's State Incentive Grant (SIG). The grant award is in the amount of \$8.4 million for a 3 to 5 year period. SIG is a cornerstone of the National Youth Substance Abuse Prevention Incentive

¹⁷ *Communities that Care*® Youth Survey. May 1999.



(NYSAPI), which was established to assist state governors with enhanced capabilities to coordinate, leverage, and implement effective prevention strategies as well as a statewide prevention plan for its citizens.

OAD provides a continuum of treatment services: detoxification, inpatient, halfway houses, residential, and outpatient. These treatment services provide assessment, diagnosis, and treatment of alcohol abuse, alcoholism, drug abuse, and drug addiction. In addition, OAD provides services in three programs: Drug Courts (services are provided upon referral by the Courts to any OAD 24-hour care facility), Compulsive Gambling (Inpatient and Outpatient), and Driving While Intoxicated (DWI) treatment. Federal funding mandates require that OAD provide specialized services to pregnant women, women with dependent children, intravenous drug users, and those infected with HIV.

OAD continues to participate in a collaborative project between OPH and THE OFFICE OF MENTAL HEALTH (OMH) to provide services to the school-based health centers in the state. An interdepartmental agreement for School Based Health Centers (SBHCs) was approved by the Assistant Secretaries of OAD, OMH, and OPH. This agreement will afford each Office an opportunity to provide prevention and early intervention services to children and adolescents served by SBHCs.

Programs Targeting Intentional and Unintentional Injury

Q. INTENTIONAL INJURY PREVENTION - VIOLENCE PREVENTION

The EMS/INJURY RESEARCH AND PREVENTION SECTION provides statewide data, educational resources, funding, technical support, and leadership in public health methods to groups working for the prevention of violence. This category includes interpersonal violence, school violence, child abuse, date rape, violence against women, and workplace violence, among others. To facilitate violence prevention initiatives within communities, staff assist to organize training events and presentations, provide access to key agencies, offer inter-agency mentoring, and promote the creation of local groups.

THE EMS/INJURY RESEARCH AND PREVENTION SECTION staff collaborates with local law enforcement, in a large urban area, to test new policies aimed at improving police response to domestic violence calls. The staff has collected baseline data and is currently collecting data during the project period to evaluate the new policies. At intervals, information on performance objectives and outcomes will be analyzed for comparison with the pre-intervention time period. A successful outcome will provide opportunities for staff to promote these methods, including the evaluation procedures, to other law enforcement organizations.



Prevention of sexual assaults through support of local and statewide volunteer agencies is an ongoing project. In addition to direct services for victims, the agencies also work to achieve coordination within the medical and legal systems to minimize victim trauma. The EMS/INJURY RESEARCH AND PREVENTION SECTION provides information on outreach to media, faith based communities, athletic organizations, businesses, universities, and other groups which can use their authority to change community norms concerning violence toward women and children.

R. UNINTENTIONAL INJURY PREVENTION - COMMUNITY INJURY PREVENTION

Unintentional injuries are the leading cause of death for Louisiana residents 1 to 34 years, and the fourth leading cause of all deaths. The EMS/INJURY RESEARCH AND PREVENTION SECTION supports nine Regional Injury Coordinators and a State Injury Prevention Coordinator who facilitate and provide education and resources for community programs to address injuries and or deaths from unintentional (accidental) injuries among children. Examples of preventive areas include: Use of All Terrain Vehicles (ATVs); Choking & Suffocation; Drowning; Falls; Use of Firearms; Fire & Burns; Poisoning; Use of Motor Vehicles; and Sudden Infant Deaths.

The Community Injury Prevention Program reviews existing injury prevention curriculum and tailors information to fit the specific needs of agencies that serve school-aged children in the state. The curriculum addresses the importance of wearing seat belts and bicycle helmets, pedestrian and traffic safety, home safety, drowning prevention, fall prevention, and playground safety. The curriculum includes fact sheets regarding data specific to injuries, prevention tips, and laws in Louisiana.

Several local, state, and federal agencies have missions related to injury prevention. Examples are the U.S. Coast Guard, law enforcement, the state Department of Wildlife and Fisheries, North and South Louisiana Area Health Education Center (AHEC), Christus St. Francis Cabrini Hospital, Family Voices, Maternal and Child Health Coalition, and Options For Independence. The section joins with these groups to maximize messages and provide public health perspectives to safety programs.

For more information about the Community Injury Prevention Program, the EMS/INJURY RESEARCH AND PREVENTION SECTION may be contacted at (504) 568-8494.



Programs Targeting Pre-hospital Emergency Medical Services

S. EMERGENCY MEDICAL SERVICES (EMS)

Certified emergency medical personnel may be found in a variety of public safety and first response settings which vary from large multi-parish ambulance services to town volunteer fire departments. EMS personnel are the first line of critical medical assistance for many individuals. They respond to incidents of drowning, heart attacks, industrial injuries, automobile crashes, and childbirth, among other incidents. Their pre-hospital actions often mean the difference between additional disability or death.

Assuring that these pre-hospital healthcare professionals receive appropriate training, examination and certification is the responsibility of the OPH EMS section.

The approximate 20,000 EMS students and personnel in Louisiana are dependent on testing and national certification handled by and through the section. In any one year, approximately 3,000 to 5,000 of these individuals are processed by the section for initial certification or for bi-annual recertification, as required by national standards. For real-time clinical testing, the section supervises an additional temporary corps of about 400 trained contract personnel as examiners and victims. While written test scoring and registration are handled by the national organization, this section offers credentials for practice to those eligible. The section is the repository of all certification data, and frequently must respond to pre-employment queries. EMS instructors must also be trained and certified through the section.

The OPH/EMS section provides leadership in domestic disaster preparedness in the pre-hospital setting. Working for seamless utilization of personnel, resources, and communications, the section collaborates closely with entities such as the Office of Emergency Preparedness; the Louisiana State Police; the Office of the State Fire Marshal; the Commission on Highway Safety; state pediatric, trauma, and emergency room physicians and nursing organizations; and the military. The section also participates in traffic safety planning; creation of a State Trauma Plan; management of a unified EMS data reporting system; and training citizens, industrial employees, and others as First Responders.

The Section staffs the EMS Certification Commission, which reviews charges of practice irregularities by individuals and maintains records of the review outcomes.

***Emergency Medical Services for Children: EMS-C***

To serve children better, the EMS Section directs additional training toward childhood emergencies, including children with special needs. As a leader of the Governor's Council on EMS and Children, the section has published and distributed recommendations for child-sized or child-specific ambulance and emergency room equipment and standards for daycare first-aid and cardiopulmonary resuscitation (CPR). The section has trained emergency personnel in communicating with and understanding the needs of the child patient and his/her family, and in managing equipment used by children with special needs.

Safety training in fire and burn prevention and use of 911 has been provided to thousands of children in Head Start programs and grammar schools through EMS-C. This programming includes education and family safety information for parents and daycare personnel.

Programs Targeting Mental Health**T. SUICIDE ASSESSMENT**

The DHH OFFICE OF MENTAL HEALTH (OMH) provides a comprehensive crisis intervention program throughout the state for all citizens who may experience thoughts of suicide, as well as other signs and symptoms of a mental health crisis. This system includes crisis telephone lines with toll-free numbers, a Single Point of Entry system for those who need face-to-face evaluation, hospital diversionary programs (such as respite), or acute hospitalization.

Mental Health professionals conduct a suicide assessment of any client who presents to the system with emotional or behavioral problems, or with symptoms of severe mental illness. Additionally, all paraprofessionals who work with mentally ill clients are trained in the mental health assessment of potential suicide. These assessments include current ideations of self-harm, plans for self-harm, and whether the individual has the means to harm him/herself. Immediate steps are taken to protect that individual when suicide potential is indicated by the mental health assessment. Additionally, the assessment includes past history of suicidal ideation, an assessment of the severity of previous attempts, and the emotional and environmental factors surrounding previous suicidal issues for the consumer.



U. OFFICE OF MENTAL HEALTH (OMH) PROGRAMS

Acute Unit

The acute care psychiatric inpatient units provide psychiatric, psychosocial, and medical services in compliance with all licensing and accreditation standards in order to meet the individualized patient needs of adult and adolescent patients in the State of Louisiana who require a level of care which must be rendered in an inpatient setting. These units address the need for inpatient treatment in a less restrictive, shorter term, and more cost effective manner than in the state's longer term care psychiatric facilities.

Specialized Inpatient Services

OMH operates four state psychiatric facilities, which provide mental health evaluation, treatment, and rehabilitation services to adults with severe and persistent mental disorders and to child/adolescent clients with serious emotional/behavioral disorders.

Clinic-based Services

OMH currently has a caseload of over 43,000 adults with serious and persistent mental illness. This case load includes children and youth with serious emotional disturbances receiving outpatient mental health services through the operation of licensed Community Mental Health Centers (CMHCs) and their satellite outreach clinics located throughout the eight OMH geographic regions and the two service district regions. The CMHC facilities provide an array of services: screening and assessment; emergency crisis care; individual evaluation and treatment; medication administration and management; clinical casework services; specialized services for children and adolescents, the criminal justice system, and the elderly; and pharmacy services. Inability to pay does not have an impact on the receipt of services.

Crisis Management Services

Crisis services are provided on a 24-hour basis. These services are designed to provide a quick and appropriate response to individuals who are experiencing acute distress. Care services include telephone counseling and referrals, face-to-face screening and assessment, community housing for stabilization, and crisis respite.

Day Programs and Psychosocial Rehabilitation Programs

Psychosocial programs and day treatment programs provide opportunities for teaching new rehabilitative skills related to community living and work activities; build networks of peer support; teach self-help community activities; and provide a place where individuals can learn how to relate to persons and communicate their needs and desires successfully. In addition, day programs provide secure, structured environments where individuals experiencing disruption in routine behaviors brought on by their illness



can receive treatment and support. Day programs also provide structured activities, which allow children and adolescents with severe emotional disturbances to continue along their educational path.

Support Services

Supported living services, either through specialized residential programs or through case management and other services which support persons living in their own homes, are available throughout Louisiana. Individuals with serious psychiatric disabilities are provided with services necessary to address both their housing and mental health/rehabilitative needs.

Programs Targeting Environmental Health

V. COMMUNITY WATER FLUORIDATION

Currently, 54.9 percent of the population served by public water systems are serviced by optimally fluoridated water systems. Renewed effort has been undertaken to reach the CENTERS FOR DISEASE CONTROL AND PREVENTION's Healthy People 2000 goal of optimally fluoridating 75 percent of the population's water supply. Community water fluoridation efforts have been re-established with recent legislation, ensuring a stable OFFICE OF PUBLIC HEALTH (OPH) Fluoridation Program. The program will oversee monitoring and evaluation of current systems, provide training, and assist in promotional activities in collaboration with the ORAL HEALTH PROGRAM, the CENTER FOR ENVIRONMENTAL HEALTH SERVICES of OPH, and the newly established FLUORIDATION ADVISORY BOARD. This board will function to secure additional resources needed to implement fluoridation systems created as a result of promotional activities. The parish of Plaquemines and the town of Amite, Louisiana have recently passed ordinances to implement community water fluoridation with the potential to reach an additional 31,000 Louisiana residents.

W. ENVIRONMENTAL HEALTH ADVISORIES

The OPH SECTION OF ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY (SEET) issues fish consumption advisories in consultation with state environmental agencies when chemicals or heavy metals in sport fish reach levels that could potentially harm the public.

Mercury in Fish

SEET works with the state DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) to assess the extent of mercury contamination in fish. Methyl mercury, a metal compound sometimes found in fish, can cause birth defects and neurological problems when present at high levels. DEQ collects and samples fish from water bodies that are selected based on their pH, usage, and SEET recommendations. SEET's Health



Advisor then coordinates a risk analysis, and, if warranted, the State Health Officer issues a fish consumption advisory for specific species of fish. Of nearly 300 water bodies tested to date, 20 health advisories for fish containing mercury have been issued. These advisories cover 27 freshwater bodies in or traversing 33 parishes, including an advisory on king mackerel for parishes along the Gulf of Mexico.

X. ENVIRONMENTAL HEALTH EDUCATION

Health Effects Related to Pesticide Exposure

In an effort to educate Louisianans about pesticides, a multi-agency workgroup developed a pamphlet for statewide distribution. The pamphlet, *What You Need to Know About Pesticides and Your Health in Louisiana*, was jointly developed by SEET, the state DEPARTMENT OF AGRICULTURE AND FORESTRY (DAF), and the LOUISIANA ENVIRONMENTAL ACTION NETWORK (LEAN). The U.S. Environmental Protection Agency funded printing and distribution costs.

The pamphlet discusses health effects related to commonly used pesticides, how pesticide exposure occurs, what a person should do if exposed to a pesticide, laws regulating the use and application of pesticides, and how to file a Health-Related Pesticide Incident Report. Distribution of the pamphlet will occur through parish health units, state libraries, the Louisiana Cooperative Extension Service, colleges and universities, and organizations and agencies working in the area of environmental health.

Mercury in Fish

DHH, DEQ, DAF, and the state DEPARTMENT OF WILDLIFE AND FISHERIES entered into an interagency agreement in 1997 to determine jointly which water bodies in Louisiana needed health advisories based on levels of environmental contamination, particularly from mercury. That same year, the Louisiana Legislature provided funding to assess mercury levels in recreationally caught fish and to offer free blood screening services in parishes where high levels of mercury had been identified. In 2003, SEET will return to one of these areas to offer blood mercury screening to commercial fishers and their families and others who eat fish from local water bodies.

SEET, working jointly with representatives of the SIERRA CLUB and the Louisiana AUDUBON COUNCIL, produced two informational brochures, one for the general public and the other directed specifically toward pregnant or breastfeeding women, and mothers of small children. The publications were widely distributed throughout Louisiana, by obstetrician/gynecologists' and pediatricians' offices as well as parish health units. The environmental organizations continue to work closely with the Legislature and the state departments to inform the public about the potentially harmful effects of mercury and other contaminants on people's health.

**Superfund Sites**

SEET conducts Health Professional Education as part of its educational activities. The section targets physicians and other health professionals located near Superfund and proposed Superfund hazardous-waste sites to receive case studies from the federal AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR). Information provided focuses on site contaminants, health effects from exposure, and clinical descriptions of the diagnosis and management of cases of chemical exposure.

Since 1996, SEET has disseminated ATSDR Case Studies to over 4,000 Louisiana physicians in 20 parishes.

Public Health Response to Chemical Spills

Accidental releases, explosions, and other chemical releases occur each year in Louisiana. SEET evaluates the public health threat of selected events and provides needed information and recommendations to affected communities, hospitals, and physicians treating exposed individuals. To provide these services, SEET has established a Chemical Augmentation Team (CAT), which responds to chemical events. Two documents were produced to guide preparedness and response activities (CAT Concept of Operations and Emergency Response Notification Protocol).

Hazardous Substances Emergency Events Surveillance Project

In August of 2000, SEET was awarded funds from ATSDR to participate in the latter's Hazardous Substances Emergency Events Surveillance (HSEES) project. Fourteen other states also participate in this project. SEET collects information on hazardous-substance releases and enters it into a comprehensive database which includes hazardous substance spills, air releases, threatened releases and spills, and associated health consequences including evacuations, injuries, and deaths. The database expands upon spill data collected by the U.S. Coast Guard's National Response Center, DEQ, and the Louisiana State Police. SEET collects additional information which focuses on the impact of spills on the population, e.g., injuries, medical care, evacuations, in-place sheltering, and community emergency planning. In 2001, SEET screened over 8,000 events; of those, a total of 1,884 were entered initially to the HSEES database system. Out of the 1,884 events, 815 (43 percent) met the criteria for inclusion in the Louisiana HSEES database.

The HSEES System's ultimate purpose is to prevent exposure and adverse human health outcomes and diminished quality of life from exposure to hazardous substances. In collecting these health-specific data, SEET hopes to target its efforts to prevent further health consequences from hazardous releases/spills in Louisiana.

**Chemical Augmentation Team (CAT)**

In 2002, SEET established a Chemical Augmentation Team (CAT). CAT is a specialized, interdisciplinary response unit that can be rapidly mobilized and deployed at the regional or state level to assess and evaluate the potential for adverse health outcomes to the public during large scale catastrophic events involving chemical weapons of mass destruction (WMDs) or accidental releases of hazardous chemicals. The CAT provides emergency-response expertise to the Public Health Incident Response Teams (IRTs), the OPH Assistant Secretary, and the State Health Officer in the areas of toxicology, epidemiology, human health risk assessment, exposure assessment, environmental health, Geographical Information Systems (GIS) mapping of public health data, information systems management, health surveillance, and medical monitoring.

The team helps prevent or minimize harmful public health consequences both during and after a chemical event through: provision of technical support to the IRT and others as assigned; planning of environmental sampling for public health purposes; review of sampling results and the assessment of exposure due to chemical events; provision of public input into event management, response, and follow-up; provision of community health education; risk communication; and conduction of environmental sampling for public health protection.

